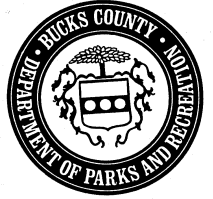


Churchville Nature Center Volunteer Application

Bucks County Department of Parks and Recreation
501 Churchville Lane, Churchville, PA 18966
215-357-4005



Name _____
(Last) (First) (M.I.)

Address _____
(Street and Apt. #)

(City) (State) (Zip)

Phone _____ Date of Birth _____

Email Address _____

Preferred Way to Contact You _____

Profession/Job Experiences _____

Your Interests/Skills/Talents: _____

Physical limitations/medical conditions that we should be aware of _____

Please fill in all days and times you are available. Note: Mondays we are closed to the public.

Sun: _____ Mon: _____ Tues: _____ Wed: _____
Thurs: _____ Fri: _____ Sat: _____

How many hours would you like to volunteer each week: _____

How many weeks per month: _____

Emergency contact person _____ Relationship to volunteer _____

Emergency Contact Phone (H) _____ (W) _____ (Mobile) _____

The following must be read and signed by the parent or guardian of any volunteer less than 18 years of age:

I, _____, give my son/daughter to participate as a volunteer at the Churchville Nature Center. I hereby release the Bucks County Department of Parks and Recreation, Friends of Churchville Nature Center, and any employees of volunteers thereof, from any liability that might be incurred during the course of the project or program. I also give the Churchville Nature Center permission to keep this information on file for future reference.

(Signature of parent/guardian)

(Date)