



ADULT VOLUNTEER APPLICATION

The information obtained in this form is for the internal use of the Cofrin Center for Biodiversity

PERSONAL INFORMATION

Today's Date: _____

Name: _____ Birthdate: _____
Last First M.I. Month Day

Volunteer Position and/or Staff Supervisor (if known): _____

Address: _____
Street Address Apartment/Unit # City State ZIP code

E-mail Address: _____ Phone: (_____)
 Alternate Phone: (_____)

How would you prefer to be contacted about volunteer opportunities? *Circle all that apply.*

E-mail Phone Facebook Twitter Cofrin Center for Biodiversity website

VOLUNTEER INTERESTS

What days or times are you available for volunteering? *Circle all that apply, or write specific times in bottom blank.*

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning						
Afternoon						
Evening						
_____	_____	_____	_____	_____	_____	_____

What volunteer opportunities are you interested in?

- Assisting with work in the Gary A. Fewless Herbarium, such as mounting & cataloging specimens
- Assisting with work in the Richter Museum of Natural History
- Assisting with restoration efforts on natural areas, such as invasive species, removal or treatment, prescribed burning, etc.
- Other. Please specify: _____
- Biological monitoring of biota, such as birds, bats, insects, fish, macroinvertebrates, plants, lichen, fungi, and more
- Monitoring of water, soil, or air quality parameters
- Data entry
- Assisting with outreach efforts, such as photography, website updates, blogs, Facebook, or Twitter posts
- GIS and mapping projects
- Natural area boundary marking and monitoring
- Assisting with digital scanning work

Continued on reverse

VOLUNTEER INTERESTS (Continued)

Do you have any special equipment or tools that you are willing to lend? _____

Do you have any special talents, skills, or training? _____

Any additional information you would like to share with us? _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relationship: _____

Main Phone: (_____) _____ Alternate Phone: (_____) _____

(Optional) Please list any health issues of which we should be aware in case of an emergency (e.g., allergy to bee stings):

Thank you very much for volunteering your time and talent with the Cofrin Center for Biodiversity!