



VOLUNTEER APPLICATION

Please complete application and return either by mail or email:

MAIL

ATTN: Volunteer Coordinator
The Schuylkill Center for Environmental Education
8480 Hagy's Mill Road
Philadelphia, PA 19128

EMAIL

volunteer@schuylkillcenter.org

Name _____

Address _____ City/State/Zip _____

Telephone

Home _____ cell _____ email _____

Emergency Contact

Name _____ Telephone# _____

Do you have any medical/accessibility restrictions that we should be aware of at the Center?

Yes No List:

What skills and experience do you have that would be relevant to your volunteer work at the Schuylkill Center?

WHAT TYPE OF VOLUNTEER WORK WOULD INTEREST YOU? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Public Events |
| <input type="checkbox"/> Toad Detour (evenings, March – June) | <input type="checkbox"/> Environmental Art Department |
| <input type="checkbox"/> Wildlife Clinic (training required) | <input type="checkbox"/> PR/Media Relations |
| <input type="checkbox"/> Fundraising & Membership | <input type="checkbox"/> Land & Facilities |
| <input type="checkbox"/> Senior Environmental Corps (55+) | <input type="checkbox"/> Other _____ |

DAYS AVAILABLE:

- Monday Tuesday Wednesday Thursday Friday Saturday
- Mornings Afternoons Hours/shift

If you are under 18 years of age please have your parent or guardian sign this application as permission for you to volunteer at the Schuylkill Center

Signature _____ Name _____ Date _____