DeVries Nature Conservancy
2635 N. M-52 PO Box 608
Owosso, MI 48867
PH: (989) 723-3365; FAX: (989) 729-0724
www.devriesnature.org info@devriesnature.org

TEEN VOLUNTEER APPLICATION

Name: _____ Home Phone: _____
(last) (first) Cell Phone: _____
Street Address: _____ Email: _____
City/Zip Code: _____
What school do you attend? _____ Present Grade: _____
How did you hear about us? [ ] Referred by friend [ ] Referred by teacher/school
[ ] Other _____
Personal Reference:
Name: _____ Phone: _____

Please check your choice of volunteer position(s):

[ ] **Conservation work** (trail maintenance, invasive weed removal, habitat restoration)
[ ] **Gardening** (herbs, wildflowers, vegetables)
[ ] **Historic farm activities** (animal care, farmyard maintenance)
[ ] **Assist with special events** (set-up, clean-up, help with kids' activities, miscellaneous)
[ ] **Assist with children's education programs**
[ ] **Other** _____

Name of family friend or relative to contact in an emergency, if parents cannot be reached:
Name: _____ Phone: _____

As a volunteer at DeVries Nature Conservancy:

1. I will attend an orientation and/or training(s) as needed to perform my duties
2. I will contact my supervisor at DNC immediately if I cannot work my scheduled time
3. I will be punctual, conscientious, professional and courteous in fulfilling my duties
4. I will follow all the rules and regulations of the DeVries Nature Conservancy

Volunteer's Signature _____ Date: _____

Parent Authorization: Please initial appropriate answers and sign:

- The person herein described has my permission to volunteer with the DeVries Nature Conservancy, except as noted by me: _____ [ ] yes [ ] no
- Does your child have any medical conditions you feel we should know about? [ ] yes [ ] no
- If yes, please explain _____
- This health information is correct to the best of my knowledge and permission is given to provide medical care for this minor in the event of an emergency. [ ] yes [ ] no
- DNC has permission to release volunteer hour records to the appropriate school or agency. [ ] yes [ ] no

Parent/Guardian's Name: (print) _____ **Cell phone:** _____
Home Address: _____ **Email:** _____
Signature: _____ **Date:** _____

Please return form to: Tracy McMullen, Education Coordinator, DeVries Nature Conservancy,
P.O. Box 608, Owosso, MI 48867 Phone: 989.723.3365 Email: tmcmullen@devriesnc.org