



# DeVries Nature Conservancy

2635 N. M-52 PO Box 608  
Owosso, MI 48867  
PH: (989) 723-3365; FAX: (989) 729-0724  
[www.devriesnature.org](http://www.devriesnature.org) [info@devriesnature.org](mailto:info@devriesnature.org)

## VOLUNTEER APPLICATION

Name: \_\_\_\_\_  
(last) (first) (middle)  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_ Birth date: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

*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** \_\_\_\_\_

*Skills check-list:*

- drawing/painting
- gardening
- woodworking (carpentry)
- working with children
- other \_\_\_\_\_
- farming experience
- teaching experience
- working with livestock
- historical or natural area interpretation

*Availability:*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Are there any factors that could affect your availability: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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](mailto:tmcmullen@devriesnc.org)



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### Emergency Information:

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact phone: \_\_\_\_\_ Allergies: \_\_\_\_\_

Doctor name: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you learn about DNC's volunteer program? \_\_\_\_\_

Why are you interested in volunteering? \_\_\_\_\_  
\_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

Would you like to receive you correspondence electronically?  yes  no

### Please provide two references (not related to you):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Volunteer's Signature** \_\_\_\_\_ Date: \_\_\_\_\_