



Hitchcock Center

EDUCATION FOR A HEALTHY PLANET

VOLUNTEER APPLICATION

Please fill out the following to the best of your ability.

Name: _____
(First) (Middle Initial) (Last)

Address: _____
(No. and Street)
_____ (City, State and Zip)

Home Phone Number: _____ **Work Number:** _____

Email Address: _____ **Today's Date:** _____

Availability: (Please Check)

Day	9-12	12-3	3-5:30
Tuesday			
Wednesday			
Thursday			
Friday			

Saturday (9am-1pm) _____

How often would you like to volunteer? _____

Which Volunteer positions are you applying for?

Reception _____ Special Projects _____ " Computer Work _____
 Special Events _____ LivingBuilding-Docent _____ Gardening/Trail-Work _____
 Cleaning _____ Other (Please Explain) _____

Why are you interested in volunteering at the Hitchcock Center?

Please tell us briefly about your experience, skills, hobbies and interests?

Please list two personal references who can speak knowledgeably of your ability to volunteer:

NAME	ADDRESS	TELEPHONE	OCCUPATION	YEARS KNOWN
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1.

2.