



# Volunteer Application

1115 W. Avon Road, Rochester Hills, MI 48309  
 (248) 601-0606; Fax: (248) 601-1280; contact@crwc.org; www.crwc.org

## Contact Information

<b>Last Name</b>		<b>First Name</b>	
Street Address	City	State	Zip Code
*Home	Work Phone	Mobile Phone	Email
Date of Birth	Emergency Contact	Emergency Contact Phone	

## Current Employment Status

- Full-Time     
  Student     
  Not Employed     
  Part-Time     
  Retired

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

## Availability (Check all that apply)

- |                                    |                             |                             |                                    |                                       |   |
|------------------------------------|-----------------------------|-----------------------------|------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> After 5pm | <input type="checkbox"/> As Needed    | <input type="checkbox"/> Once a Week      |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> After 5pm | <input type="checkbox"/> Twice a Week | <input type="checkbox"/> Every Other Week |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> After 5pm | <input type="checkbox"/> Once a Month | <input type="checkbox"/> Special Events   |
| <input type="checkbox"/> Thursday  | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> After 5pm |                                       |   |
| <input type="checkbox"/> Friday    | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> After 5pm |                                       |   |
| <input type="checkbox"/> Saturday  | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> After 5pm |                                       |   |
| <input type="checkbox"/> Sunday    | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> After 5pm |                                       |   |

## Skills & Experience (Check all that Apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Carpentry                      | <input type="checkbox"/> Photography     | <input type="checkbox"/> GIS                      |
| <input type="checkbox"/> Event Coordination/Planning    | <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Canoeing/Kayaking        |
| <input type="checkbox"/> Legal                          | List software proficiencies:             | <input type="checkbox"/> Environmental Monitoring |
| <input type="checkbox"/> Fundraising                    | _____                                    | <input type="checkbox"/> Gardening/Native Plants  |
| <input type="checkbox"/> Information Technology Support | _____                                    | <input type="checkbox"/> Habitat Restoration      |
| <input type="checkbox"/> Public Speaking                | _____                                    | <input type="checkbox"/> Environmental Education  |
| <input type="checkbox"/> Typing                         | _____                                    | <input type="checkbox"/> Teaching (Adult)         |
| <input type="checkbox"/> Artist/Illustrator             | _____                                    | <input type="checkbox"/> Teaching (PreK-12)       |

General Volunteer Opportunities (Check all that are of interest)

- Clerical/Filing
- Data Entry
- Mailings (Stuffing, Labeling)
- Resource Library Support
- "Staff" CRWC Booth at Events
- Adopt-a-Stream Volunteer
- Special Events
- Habitat Restoration Volunteer
- Stream Leaders Mentor
- Stream bank Restoration Volunteer
- Landscape/Gardening Volunteer

Finally

Are you currently are member of CRWC? Yes or No (please circle one)

Why did you choose CRWC to volunteer your time? \_\_\_\_\_

\_\_\_\_\_

What do you hope to gain from your volunteer experience with CRWC? \_\_\_\_\_

\_\_\_\_\_

References - List at least one personal reference other than an immediate family member.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Member of CRWC? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Member of CRWC? \_\_\_\_\_

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (If volunteer is under 18 years of age)

*Thank you for your interest in volunteering with CRWC!  
Please allow at least 30 days for response to your application.  
For more information on CRWC, visit [www.crwc.org](http://www.crwc.org).*