



# White Memorial Conservation Center Volunteer/Internship Application Form



## Personal Information

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

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

Home Telephone: \_\_\_\_\_ Home E-Mail: \_\_\_\_\_

Home Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relation: \_\_\_\_\_ e-mail: \_\_\_\_\_

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

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

Work Telephone: \_\_\_\_\_ Work E-Mail: \_\_\_\_\_

Work Fax: \_\_\_\_\_

Work Description: \_\_\_\_\_

## Education (Circle current or last level reached)

High School: \_\_\_\_\_ Curriculum: \_\_\_\_\_

Grade 9 10 11 12

College: \_\_\_\_\_ Major: \_\_\_\_\_

Year 1 2 3 4 5 Degree: \_\_\_\_\_

Graduate School: \_\_\_\_\_ Major: \_\_\_\_\_

Degree: \_\_\_\_\_

Research Project Title: \_\_\_\_\_  
\_\_\_\_\_

**Time Commitment**

How many hours do you want to volunteer at White Memorial? \_\_\_\_\_ per week, month, or as needed.

Museum hours are between 9:00 a.m. and 5:00 p.m. Monday thru Saturday, 12:00 p.m. and 5:00 p.m. Sunday. The staff works a flexible schedule to meet the needs of the Museum. Keeping this in mind, please indicate the times you can volunteer.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**Previous Work and Volunteer Experience**

Please list jobs or other volunteer experiences (attach a resume or C.V. if necessary):

<u>Place</u>	<u>Position</u>	<u>Date Held</u>	<u>Description of Duties or Responsibilities</u>

Why do you want to volunteer/intern at White Memorial? \_\_\_\_\_

What do you envision yourself doing while here? \_\_\_\_\_

Please list your skills, hobbies, training, or interests

<input type="checkbox"/> Bird-watching <input type="checkbox"/> Dendrology <input type="checkbox"/> Wildflower Viewing <input type="checkbox"/> Wildlife Tracking <input type="checkbox"/> Butterfly Watching <input type="checkbox"/> Dragonfly Watching <input type="checkbox"/> Wildlife Conserv. Projects	<input type="checkbox"/> Trail Maintenance <input type="checkbox"/> Gardening <input type="checkbox"/> Camping <input type="checkbox"/> X-C Skiing & Snowshoeing <input type="checkbox"/> Bicycling <input type="checkbox"/> Canoeing & Kayaking <input type="checkbox"/> Hiking & Running	<input type="checkbox"/> Children's Programs/Activities <input type="checkbox"/> Docent Interpretation <input type="checkbox"/> Animal Care & Feeding <input type="checkbox"/> Special Events <input type="checkbox"/> Specimen Cataloguing <input type="checkbox"/> Gift Shop/Front Desk <input type="checkbox"/> Other:
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Please list allergies (i.e. bee stings, poison ivy, etc.) and other medical conditions that you feel we should be aware of while you volunteer at White Memorial (not required): \_\_\_\_\_

Are you comfortable working independently in the outdoors handling wildlife (live or dead) during inclement weather conditions?    Yes    No    It Depends On \_\_\_\_\_

How did you hear about interning/volunteering at White Memorial? \_\_\_\_\_

If you are applying for an internship, please indicate the requirements, including credits received and duration: \_\_\_\_\_

Teacher Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

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