



VOLUNTEER APPLICATION

PLEASE PRINT AND COMPLETE ALL APPLICABLE FIELDS / CONTACT INFORMATION AND SIGNATURE REQUIRED

SECTION I – PERSONAL INFORMATION

VOLUNTEER POSITION* YOU ARE INTERESTED IN: _____

LAST NAME: _____ FIRST: _____ MIDDLE: _____

STREET ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

HOME #: _____ WORK #: _____ CELL #: _____

EMAIL: _____ FAX #: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

ARE YOU 18 YEARS OR OLDER? YES NO IF NO, COMPLETE PARENTAL PERMISSION BOX ON PAGE 2

HOW DID YOU HEAR ABOUT US?

- | | |
|---|--|
| <input type="checkbox"/> FLYER (LOCATION: _____) | <input type="checkbox"/> RADIO ADVERTISEMENT |
| <input type="checkbox"/> FRIEND/FAMILY MEMBER | <input type="checkbox"/> VOLUNTEER OR RANGER |
| <input type="checkbox"/> NEWSPAPER: (SPECIFY: _____) | <input type="checkbox"/> OTHER: _____ |

SECTION II – YOUR ANSWERS ALLOW US TO BETTER UNDERSTAND YOUR INTEREST IN VOLUNTEERING AND WILL HELP US PLACE YOU IN AN APPROPRIATE POSITION

1. WHY DO YOU WANT TO VOLUNTEER WITH US?

2. WHAT DO YOU HOPE TO GAIN THROUGH YOUR EXPERIENCE AS A VOLUNTEER?

3. WHAT KNOWLEDGE, SKILLS, AND ABILITIES CAN YOU OFFER?

4. WHAT DO YOU ENJOY MOST IN A VOLUNTEER ASSIGNMENT? WHAT DO YOU WISH TO AVOID?

5. DO YOU HAVE ANY HEALTH LIMITATIONS THAT WOULD IMPACT YOUR ABILITY TO VOLUNTEER IN THIS POSITION? YES NO

6. AVAILABILITY: WEEKDAYS WEEKENDS SPECIFIC DAYS AND/OR TIMES (INDICATE BELOW)

(INDICATE START DATE) _____

7. WHICH PRESERVES, TRAILS, AND/OR PARKS ARE YOU MOST INTERESTED IN?

SECTION III - SIGNATURE

I, (PRINT NAME) _____ HEREBY ACKNOWLEDGE THAT I HAVE READ THE VOLUNTEER JOB DESCRIPTION THAT I AM APPLYING FOR AND UPON SUCCESSFUL COMPLETION OF ANY REQUIRED TRAINING, AGREE TO DO MY BEST TO FULFILL THE RESPONSIBILITIES, DUTIES, AND TIME COMMITMENT AS DESCRIBED AND ASSIGNED.

APPLICANT'S SIGNATURE: _____ DATE: _____

RETURN APPLICATION TO:

GREG REZA, VOLUNTEER COORDINATOR
MARIN COUNTY OPEN SPACE DISTRICT
3501 CIVIC CENTER DRIVE, ROOM 260
SAN RAFAEL, CA 94903

PHONE: (415) 499-3778
FAX: (415) 499-7192
greza@co.marin.ca.us

WE WILL CONTACT YOU TO CONFIRM THAT WE RECEIVED YOUR APPLICATION AND TO DISCUSS THE NEXT STEPS. AN INTERVIEW OR SITE VISIT MAY BE REQUIRED DEPENDING ON YOUR PLACEMENT.

PARENTAL PERMISSION REQUIRED FOR VOLUNTEERS UNDER 18 YEARS OLD

VOLUNTEER'S NAME _____, AGED _____, HAS MY PERMISSION TO PARTICIPATE IN THE MARIN COUNTY PARKS AND OPEN SPACE VOLUNTEER PROGRAM.

PARENT OR LEGAL GUARDIAN PERSONAL INFORMATION

NAME (PRINT): _____ RELATIONSHIP: _____

SIGNATURE: _____ DATE: _____

STREET ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

HOME PHONE #: _____ WORK #: _____ CELL #: _____

* VISIT www.marinparks.org TO LEARN ABOUT VOLUNTEER OPPORTUNITIES INCLUDING COMMUNITY VOLUNTEER DAYS, ENVIRONMENTAL STEWARD PROGRAM, PARK WATCH, AND TRAIL WATCH/VOLUNTEER MOUNTED PATROL