



**GROUP VOLUNTEER APPLICATION**

11450 Audubon Lane

Easton, MD 21601

Phone: 410.822.4903

Fax: 410.822.5041

[www.pickeringcreek.org](http://www.pickeringcreek.org)

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

Group Leader's Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Address: \_\_\_\_\_  
(Street) City State Zip

\_\_\_\_\_  
(Mailing address, if different) City State Zip

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ (May we call you at work? YES \_\_\_ NO \_\_\_)

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

My group would like to volunteer:		Preferred days of the week for project(s):
Long-term:	Short-term:	_____
<input type="checkbox"/> Once per week	<input type="checkbox"/> One to two hours	
<input type="checkbox"/> Once per month	<input type="checkbox"/> One half day	
<input type="checkbox"/> Once per quarter	<input type="checkbox"/> One day	Preferred time of project:
<input type="checkbox"/> Until a project ends	<input type="checkbox"/> Multiple days	_____

Number of members in group: \_\_\_\_\_ Are any members minors? \_\_\_YES\_\_\_NO

Do any members require community service or service learning validation? \_\_\_YES\_\_\_NO

If so, name of organization that requires hours: \_\_\_\_\_

What skills or interests do you have? (Please check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Administrative Assistance                                   | <input type="checkbox"/> Equipment Maintenance           |
| <input type="checkbox"/> Agricultural Education                                      | <input type="checkbox"/> Gardening                       |
| <input type="checkbox"/> Animal Care   | <input type="checkbox"/> Grounds Maintenance             |
| <input type="checkbox"/> Blue bird monitoring  | <input type="checkbox"/> Special events (e.g., Hoe Down) |
| <input type="checkbox"/> Buildings maintenance                                       | <input type="checkbox"/> Trail maintenance               |
| <input type="checkbox"/> Conservation Actions (invasives removal, natives plantings) | <input type="checkbox"/> Wood duck monitoring            |
| <input type="checkbox"/> Construction  | <input type="checkbox"/> Other _____                     |
| <input type="checkbox"/> Environmental Education                                     |  |

**(FORM CONTINUES ON BACK)**

**EMERGENCY CONTACT INFORMATION:**

Please list an emergency contact for your group:

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**VOLUNTEER POLICY:**

Please read and make certain that you understand the following Volunteer Policy.

- National Audubon Society provides Workers' Compensation and property damage insurance to volunteers. If an incident occurs, the volunteer must report the accident to a staff member as soon as possible so that an Incident Reporting Form may be completed.
- All groups must assign a group leader. The group leader agrees to be responsible for the safety and well-being of the group while volunteering. Further, the group leader bears responsibility for acquiring parental consent for any team members who are younger than 18.
- Volunteers working with children or vulnerable populations will be required to undergo a background check.
- A volunteer may terminate a relationship with Pickering Creek Audubon Center at any time and for any reason. Pickering Creek Audubon Center may also terminate a relationship with a volunteer for any reason and at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete this form and return it to:

Pickering Creek Audubon Center  
11450 Audubon Lane  
Easton, MD 21601  
EMAIL: [dwasden@pickeringcreek.org](mailto:dwasden@pickeringcreek.org)  
FAX: 410.822.5041