

THEY'RE YOUR METROPARKS. TAKE A WALK ON OUR WILD SIDE.

Administrative Office | 13000 High Ridge Drive, Brighton MI 48114-9058 | 810-227-2757 | metroparks.com

VOLUNTEER APPLICATION AND INFORMATION SHEET

| Office Use Only | | | | | |
|---|-----------------------|-------------------------|-------------------|--|--|
| Received by: | Date Received: | Date Filed <u>:</u> | Background Check: | | |
| | | | | | |
| | | | | | |
| Name: | | | | | |
| Address: City: | | ato. | Zip | | |
| Phone Number: | 50 E-mai | il: | Zip | | |
| Driver's License Number: | | | | | |
| Are you volunteering for school? Yes | No | | | | |
| Have you ever served in the Military? |]Yes 🗌 No | | | | |
| Are you volunteering as an individual or a lf part of a group, please list the group na | | | | | |
| Are you volunteering for court ordered community service? Yes | | | | | |
| Would you like to request any accommo | dations? Please list: | | | | |
| | | | | | |
| Emergency Contact Information | | | | | |
| Name: | Phone: | Rel | ationship: | | |
| | | | | | |
| Volunteer Availability | | | | | |
| What type of volunteer commitment are you looking for? One time Weekly Monthly Other: | | | | | |
| Seasonal availability? Spring Sui | mmer Fall Winter | | | | |
| What is your preferred volunteer shift tim | | | | | |
| Weekday: Morning Afternoon Evening or Specific time: | | | | | |
| Weekend: Morning Afternoo | | ecific time: | | | |
| Specific Day(s): | | | | | |
| Which Metropark(s) would you like to vol | unteer at? | | | | |
| Delhi Metropark, Ann Arbor | Lake St. Clair Mo | etropark, Harrison Town | ship | | |
| Dexter-Huron Metropark, Dexter | | | | | |
| Hudson Mills Metropark, Dexter | Oakwoods Met | ropark, New Boston | | | |
| Huron Meadows Metropark, Brig | | tropark, Shelby Townsh | ір | | |
| Indian Springs Metropark, White Lake Willow Metropark, New Boston | | | | | |
| Kensington Metropark, Milford | | etropark, Ray Township | | | |
| Lake Erie Metropark, Brownstowr | า | • | | | |

Volunteer Interests

Please check which volunteer areas are of interest to you:

- ____ Nature Center ____ Farm Center
- ____ Gardening ____ Natural Resources
- ____ Special Events ____ Golf
- ____ Receptionist ____ Grounds keeping/Landscaping
- ____ Historical Re-enactment ____ Outreach Events
- ____ Trail Maintenance ____ Wildlife Observation
- ____ Office work _____ Event Photography
- ____ Park Clean-ups

Please let us know any special skills you may have:

| Astronomy | Carpentry/Woodworking | Graphics | Writing |
|-----------------|-----------------------|------------------|-----------|
| Computers | Mechanical Filling | Photography | Painting |
| Public Speaking | Administrative | Foreign Language | Research |
| Arts & Crafts | Teaching | Proofreading | Taxidermy |
| | | | |

Other skills or interests:

How did you learn about our Volunteer Program? _____

Metroparks Commitment Statement

I understand that if accepted as a volunteer:

- I offer my services with an understanding that there will be no monetary compensation
- I will be prompt and regular in my service and will notify my supervisor if I must be absent
- I will readily accept training and supervision
- I will adhere to the Metroparks' volunteer policies and procedures
- I will notify my supervisor or volunteer coordinator if I am unable to complete my commitment or if I would like to transfer to another volunteer assignment.
- I will notify the Volunteer Services Supervisor when I leave the volunteer program.
- I will certify that the information in this application is correct and to the best of my knowledge.
- I give Huron-Clinton Metropolitan Authority the right to conduct a background check. A sex offender registry or criminal conviction of violent or sexual nature or involving theft or burglary may disqualify an individual from volunteering at the Huron-Clinton Metroparks. Convictions are not an automatic disqualification from volunteer service. However, failure to provide complete and accurate information relating to criminal convictions will result in immediate removal from volunteer service.

I authorize investigation and verification of all statements in this application

Date: _____

Volunteer Signature: _____

Signature of Parent or Guardian (if volunteer is under age 18):

Please return this completed form to the Huron-Clinton Metroparks Administrative Office or a Park Office. If you do not hear back from someone within 3 business days, please contact Katie at katie.kowalski@metroparks.com or (810) 494-6020. Thank you and we look forward to having you as a Metroparks Volunteer!