



VOLUNTEER APPLICATION

APPLICANT INFORMATION

Name: _____ Birthdate: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Email: _____

VOLUNTEER AVAILABILITY

What volunteer position(s) are you interested in?

- Nature Center
 Farm Center
 Park Cleanups
 Groundskeeping/Landscaping
 Wildlife Observation
 Golf
 Programs and Outreach Events
 Office/Administrative Support
 Other _____

Which Metropark(s) would you like to volunteer at?

- | | | |
|---|---|--|
| <input type="checkbox"/> Delhi Metropark, Ann Arbor | <input type="checkbox"/> Kensington Metropark, Milford | <input type="checkbox"/> Stony Creek Metropark, Shelby Twp |
| <input type="checkbox"/> Dexter-Huron Metropark, Dexter | <input type="checkbox"/> Lake Erie Metropark, Brownstown | <input type="checkbox"/> Willow Metropark, New Boston |
| <input type="checkbox"/> Hudson Mills Metropark, Dexter | <input type="checkbox"/> Lake St. Clair Metropark, Harrison Twp | <input type="checkbox"/> Wolcott Mill Metropark, Ray Twp |
| <input type="checkbox"/> Huron Meadow Metropark, Brighton | <input type="checkbox"/> Lower Huron Metropark, Belleville | |
| <input type="checkbox"/> Indian Springs Metropark, White Lake | <input type="checkbox"/> Oakwoods Metropark, New Boston | |

Available start date: _____

Preferred Volunteer Shift Times:

Weekday: Morning Afternoon Evening or Specific time(s): _____

Have you volunteered with the Metroparks previously? Yes No

If yes, which location(s)? _____

If yes, when did you last volunteer? _____

If yes, please list previous Metroparks volunteer roles held: _____

How did you hear about this opportunity? _____

Please return this completed form to the Huron-Clinton Metroparks Administrative Office or a Park Office. You can contact our Volunteer and Recreation Services Supervisor at 810.494.6020 with any questions.

Thank you and we look forward to having you as a Metroparks Volunteer!

Date Received: _____

FOR METROPARK STAFF ONLY

Volunteer Position: _____ Start Date: _____ Anticipated End Date: _____

Department / Park: _____

Volunteer's Direct Supervisor: _____ Supervisor Approval Date: _____

Background Check Complete | Date: _____ Liability Waiver Received | Date: _____