



Please Print Clearly (we will contact you by email)

When you become a Tenafly Nature Center volunteer, the staff depends on you and you become a very important part of the team. By filling out this form, you are joining our community of volunteers! We strive to create a unique volunteer experience by matching your interests and talents with our needs. You will start to receive emails with upcoming opportunities. For complete descriptions of our volunteer opportunities please refer to our website (tenaflynaturecenter.org/Volunteer-Opportunities).

Please note that it may take 2-4 weeks for us to receive and review your application. We will be in touch via email.

Name: _____ Date of birth: ___ / ___ / _____
Address: _____ Are you under 18? Yes No
City: _____ State: _____ Zip: _____
Home #:(____) _____ Cell #: (____) _____
E-mail: _____

Please tell us how you found out about the Tenafly Nature Center Volunteering Opportunities:

- Brochure or Flier Co-worker Facebook Newspaper Radio School administration TNC brochure
- Website Word of mouth Other

Volunteer Group Interest

Are you part of a volunteer group? Yes No; Are your group members under 18 years of age? Yes No
If yes, what is the type of group Scout Group Volunteer Club Work Service Day Master Gardener Other
Name of Group/Company Name: _____
Primary Contact for Group: _____
Is your group looking to volunteer on a specific date? Yes No
If answered YES above: What is your start & end date & time? _____

Your Volunteer Interests(select all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Board Committees (see website for details) | <input type="checkbox"/> Outreach Events (ex.Tabling) | <input type="checkbox"/> Trail and Property Maintenance |
| <input type="checkbox"/> Raptor Care (ages 18+) | | |
| Education | Land and Facilities Management | Non-profit Development |
| <input type="checkbox"/> Animal Care Team (ages 14+) | <input type="checkbox"/> Gardening and Maintenance | <input type="checkbox"/> Membership/Fund Development |
| <input type="checkbox"/> Counselor in Training (ages 14-18) | <input type="checkbox"/> Natural Resource Management (invasive sp. removal & monitoring) | Office/Administrative |
| <input type="checkbox"/> Public Programs & Special Events Assistants | <input type="checkbox"/> Reforestation/Habitat Restoration Projects | <input type="checkbox"/> Data Entry/Office Assistant |
| <input type="checkbox"/> Public Programs & Special Events Photographer | | <input type="checkbox"/> Publicity & Public Relations |

Do you have any special skills, talents, interests or hobbies? _____

Counselor in Training (ages 14-18) Volunteer Application

(for upcoming summer application should be turned in by May 15)

What Grade Will you be Entering Next Fall? 9th 10th 11th 12th College

Which camp sessions are you available and wish to be considered for?

- June 26 – 30 July 3-7 (no camp 7/4) July 10-14 July 17-21 July 24-28
July 31- Aug 4 August 7 – 11 August 14-18 August 21-25 August 28- September 1
November break December break February break April break

Camp Experience: (Please check any that apply to you)

- I attended TNC Nature Day Camp as a camper Yes No How many years? _____
- I volunteered as a Counselor in Training at a different camp Yes No How many years? _____
- I worked as a camp counselor at a different camp Yes No How many years? _____
- I have some experience working with children through baby-sitting, etc. Yes No How many years? _____
- Can you perform the essential functions of the job for which you have applied, with or without reasonable accommodation? (see CIT Responsibilities & Expectations on website) Yes No
- Do you have a driver's license? Yes No
- If yes, do you have a car? Yes No
- Have you had any CPR/First Aid courses? Yes No

Please list any other certifications you have: _____

Please list any skills, experience, or training you have (especially if it enhances a camper's experience): _____

What contributions do you think you can make at camp? _____

As a summer camp CIT you will not only be helping the nature center and gaining experience, you will be learning. What do you hope to gain through participation in this program? _____

Harassment The camp's policy is to prohibit all forms of harassment by our volunteers and employees. This includes sexual, racial, religious, and other forms of harassment. Have you ever been accused of harassment of any person including, but not limited to, workplace harassment? (Note: a prior accusation is not an automatic bar to employment. The type of accusation and when it occurred will be evaluated by the camp before any decision is made.)

Yes No; If yes, please explain _____

**CIT Applicants must return this completed application along with
a cover letter and letter of recommendation.**

Your Availability

Date Available to begin volunteering: _____

Preferred days of the week (select all that apply)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Preferred time of day (select all that apply)

- Morning
- Afternoon
- Evening (Board Volunteers only)

Have you volunteered anywhere else before? Yes No; If so, where? _____

Is this required community service? Yes No;

If yes, how many hours? _____ Completion Date: _____

Volunteer References

Please list 3 references, professional or school related (not friends or family members) who have knowledge of your character, ability, experience, and work habits.

1. Name: _____ Phone #: _____
Email: _____
2. Name: _____ Phone #: _____
Email: _____
3. Name: _____ Phone #: _____
Email: _____

Criminal Record

Have you ever been convicted of a crime, other than a minor traffic offense? If yes, please describe. (Note: a prior conviction is not an automatic bar to consideration. The Tenaflly Nature Center will evaluate the type of conviction and when it occurred before any decision is made.) Yes No;

Do you presently, or have you ever, had problems with drug or alcohol use? Yes No

Have you ever been convicted of illegal substance distribution? Yes No

Have you ever been convicted of child abuse or neglect? Yes No

Have you ever been convicted of a felony? Yes No

If yes to any of the above, please explain _____

Emergency Information:

1. Emergency Contact _____ (If minor list parent/legal guardian)
 Address _____ Cell # _____
 (If different from volunteer)
 Relationship _____ Email _____

2. Emergency Contact _____ (If minor list parent/legal guardian)
 Address _____ Cell # _____
 (If different from volunteer)
 Relationship _____ Home # _____

3. Emergency Contact _____
Address _____ Cell # _____
Relationship _____ Home # _____

Special health conditions or Activity Restrictions? Yes No; If yes, please describe any personal challenges (medical, behavioral, emotional, learning) that might prevent you from performing tasks or fully participate.

Allergies? (please select all that apply)

None Food Medicine Environment (insect stings, hay fever, etc.) Other

List all specific known allergies

Describe reaction and management of the reaction

_____	_____
_____	_____
_____	_____

Medications?

Please list all medications currently taken. Medications are any substance taken to maintain and/or improve their health. This includes vitamins, natural remedies, over-the counter/non-prescription drugs. TNC does not stock any medication. _____

Helpful Accommodations

Please describe if there are any helpful accommodations that have aided you with your personal challenges.

Please tell us about any fears or phobias of particular animals

Anything else we should be aware of

Photo Release

I hereby grant Tenafly Nature Center Association permission to use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by Tenafly Nature Center Association, in perpetuity, and for other use by the Nature Center. I will make no monetary or other claim (whether for breach of privacy or otherwise) against Tenafly Nature Center Association for the use of the photograph(s)/video for educational or marketing purposes.

I do not give TNC permission to publish photographs of me taken during TNC programs.

Volunteer's Waiver of Liability

I, the undersigned, assume all risks and hazards arising out of or related to any programs and volunteer activities (unless otherwise specified) that I choose to undertake at the Tenafly Nature Center. I further acknowledge that the programs take place outdoors (in whole or in part) and involve associated risks and hazards. I confirm that I have no reason due to health or other conditions that would impact on the ability to volunteer or participate in programs and accept as my personal risk the hazards of participating in this program and its corresponding activities. I agree that none of the Tenafly Nature Center Association, its employees, its appointed assistants, its trustees The Borough of Tenafly shall have any liability to me or my heirs with respect to any risks or hazards arising out of or relating to any programs or volunteer activities that choose to undertake.

I hereby give permission to Tenafly Nature Center staff to provide routine health care and seek emergency medical treatment including ordering x-rays or routine tests. I understand and agree that every effort will be made to notify my emergency contacts. In the event that they cannot be reached, I hereby give permission to the physician and/or hospital selected by the Tenafly Nature Center Association staff to hospitalize, secure and administer proper treatment, and order injection, anesthesia, or surgery for myself. I consent to emergency transportation, if necessary. I agree to hold harmless and indemnify the Tenafly nature Center from and against any costs or losses associated with any such care or treatment. I agree that if any relevant facts or circumstances change, I will inform the Tenafly Nature Center staff of such changes.

I agree that all of the information submitted on this application is accurate to the best of my knowledge. I authorize investigation of all statements herein, including any checks of criminal records, and release the Tenafly Nature Center Association and all others from liability in connection with same.

I understand the information on this form will be shared on a "need to know" basis with Tenafly Nature Center staff. I give permission to photocopy this form.

I understand that, if accepted and scheduled, I will be an at-will volunteer unless there is an agreement or law, which alters that status. Furthermore, I understand that any agreement must be in writing and signed by the designated Tenafly Nature Center Association official.

I also understand that misrepresentations or falsifications herein or in other documents completed or submitted by the applicant will result in dismissal, regardless of the date of discovery by the Tenafly Nature Center Association.

Signature

Date

If applicant is a minor: As a parent/ legal guardian, I give permission for this under-aged individual to volunteer with the Tenafly Nature Center and comply with the above Waiver of Liability.

Signature

Date

Thank you for your interest.

When we receive and review your application, we will contact you to discuss any volunteer opportunities and scheduling. Thank you for applying.