NORTH CAROLINA WILDLIFE RESOURCES COMMISSION
DIVISION OF INLAND FISHERIES

VOLUNTEER APPLICATION

DATE OF APPLICATION: [ ]

RETURN FORMS TO:
Pisgah Center for Wildlife Education
Attn: Melinda or Lee
PO Box 1600
Pisgah Forest, NC 28768

Contact info

Personal Information (Please Print)

Full Name: ____________________________ Nickname: ____________________________
Address: ____________________________ City: ____________________________ State: ____________________________ Zip: ____________________________
Home Phone: ____________________________ Alternate Phone: ____________________________ Email Address: ____________________________

Gender: _____Male _____Female
Date of Birth: ____________________________ Marital Status: _____Single _____Married

Veteran? _____Yes _____No
Have you been convicted for violation of any Federal, State, or Local law? _____Yes _____No
(Does not include minor traffic violation with fines of less than $100.00) If Yes, attach explanation to this form

How did you hear about our Volunteer Program?

Describe previous or current volunteer experience:

Describe special talents, skills, interests, and/or hobbies:

Please list any medical restrictions, allergies, or requirements that may affect your volunteer work.

Emergency Contact

Name and Address: ____________________________ Relationship: ____________________________ Home Phone: ____________________________ Alternate Phone: ____________________________

Availability

Which days are you available to volunteer?

_____Monday _____Tuesday _____Wednesday _____Thursday _____Friday _____Saturday _____Sunday

What hours would you be available to volunteer?

Please sign below when you have read and understood all statements.

I certify that the statements made in this Volunteer Application are true, correct, and given voluntarily. In addition:

I understand that this information may be disclosed to any party with legal and proper interest.

I understand that the Wildlife Resources Commission reserves the right to screen volunteers through background checks and will not accept as a volunteer anyone who would jeopardize any aspect of service or the safety of Commission visitors and staff, and I explicitly agree to such background checks.

I understand that if I am unable to show up for a scheduled time for any reason, I am to notify my program supervisor or the Volunteer Coordinator as soon as possible.

I understand that if I miss my scheduled date and time of service without prior notification, my volunteer opportunity may be terminated by the affected program supervisor.

I understand that I will not be paid nor given special rights for my services as a volunteer, and I am giving my time freely.

I will also not abuse any information, materials, or equipment I may use or obtain while volunteering.

Applicant Signature: ____________________________ Date: __________
Parent/Guardian’s Signature (for minors): ____________________________ Date: __________
Volunteer Interests

PCWE
Check one or more of the following categories you would be interested in:

_____ Outreach Exhibit Interpretation  _____ Outdoor Facilities/Maintenance/Garden

_____ Education Assistant  _____ Raceway Monitor/Interpreter

_____ Master Angler  _____ Front Desk/Information Specialist