

Highlands Nature Center & Botanical Garden Volunteer Application

Please fill out the form below and send it to:
Volunteer Program, Highlands Biological Station, 265 N. Sixth Street, Highlands, NC 28741

Name _____

Address _____

Phone numbers: home _____ work _____

cell _____

email address _____

Emergency contact:

Name _____ Phone number _____

Relationship _____

Physicians name _____ Phone number _____

Please check which of the following you would like to do as a volunteer. Check as many as apply:

_____ General cleaning of Nature Center (sweep, dust, clean bathrooms, mop, clean exhibit glass, etc)

_____ Greet visitors and answer questions, answer phones, sell merchandise

_____ Assist with bulk mailings, other general office work, or cataloging and filing library books

_____ Assist with special evening events (set up chairs, collect money, etc)

_____ Give guided tours of the Nature Center and/or Botanical Garden to families and groups

_____ Assist Nature Center director with presenting environmental education programs to school groups

_____ Assist with garden maintenance such as weeding, mulching, planting, and trail clearing

_____ Minor construction projects such as building bird or bat houses

_____ Identify, sort, and organize rock and mineral collections

_____ Assist with care of Nature Center animals (clean cages, feeding, etc)

_____ Assist with preparation of educational study skins and skulls

_____ Assist with new exhibit construction and special projects

_____ Interpret Botanical Garden Trails and signage

Languages spoken (include sign language) _____

Please tell us about your interests and any special knowledge or abilities as they relate to volunteering at the Highlands Nature Center and Botanical Garden:

I am available to volunteer (please circle all that apply):

M T W Th F Sat Sun mornings ____ afternoons ____

Please indicate times (for example 1:00 – 5:00 p.m.): _____

Please describe any limitations that we should consider in determining appropriate placement in a volunteer position. (for example: fear of snakes; can't stand or walk for long periods of time; sensitive to sun, etc.)

Please provide the names and contact information for two personal or business references:

Name _____

Address _____

Phone number _____

Relationship (employer, co-worker, friend, etc.) _____

Name _____

Address _____

Phone number _____

Relationship _____

Signature _____ **Date** _____