



# Volunteer Form

Date:

First and Last Name of  
Volunteer:

Date of Birth:

Address

City, State, Zip Code

Email

Phone

Can we use your name in our marketing? YES                      NO

Are you interested in donating your TIME. If yes, please indicate the areas below. All volunteers are subject to a background check, must agree with our Statement of Faith, and provide a copy of their DL or ID.

Leading a specific  
activity:  
\_\_\_\_\_  
\_\_\_\_\_

Weekly help with  
youth (does not have  
to be every week)

Providing food or  
meals

Building &  
Maintenance

Other:  
\_\_\_\_\_  
\_\_\_\_\_

In the fields below, please indicate any topics related to Nature, Life Skills or Workforce Skills you would be willing to teach.

Best way to contact you:      Text                      Phone                      Email

Please attached a copy of your drivers license or state ID. Thank you.