

Grays Harbor National Wildlife Refuge
Volunteer Application

Please print clearly and complete both sides.

Name	Date of birth ()
Address	Daytime Phone ()
City State Zip code	Evening Phone ()
Email address	Cell Phone

If under 18 years old, give name and telephone number of parent or guardian

Circle highest level of education completed

Elementary 1 2 3 4 5 6 7 8 High School 9 10 11 12 College 1 2 3 4 5+

College major _____ minor _____

Which season(s) are you available to work?

Spring Summer Autumn Winter

Which days of the week and what hours are you available?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Approximate number of hours available to work per month? _____

List 2 References (persons not familial)

Name	Day Phone	Relationship to you

In which general volunteer work categories are you most interested (see below)?

Indicate your skill level. 1-willing to learn 2-know a little 3-average 4-highly skilled

Education/Interpretation	Biological	Maintenance	Admin/Clerical
<input type="checkbox"/> School field trips	<input type="checkbox"/> Wildlife Surveys	<input type="checkbox"/> Construction	<input type="checkbox"/> Research history
<input type="checkbox"/> Interpretive programs	<input type="checkbox"/> Weed control	<input type="checkbox"/> Painting	
<input type="checkbox"/> Trail roving	<input type="checkbox"/> Plant ID	<input type="checkbox"/> Carpentry	
<input type="checkbox"/> Exhibit/material design	<input type="checkbox"/> Restore habitat	<input type="checkbox"/> Plumbing	
<input type="checkbox"/> Special events	<input type="checkbox"/> Herbarium	<input type="checkbox"/> Maintain equipment	
<input type="checkbox"/> Photography		<input type="checkbox"/> Operate equipment	
<input type="checkbox"/> Writing/editing		<input type="checkbox"/> Grounds maintenance	
<input type="checkbox"/> Graphic design/layout			

Describe any work or other related experiences that would help you as a volunteer.

List all other related training, hobbies, special qualifications, skills, licenses, certificates, and permits you hold.

Describe any activities you prefer not to do.

Signature

Date

Return completed form to:

Attn: Volunteer Coordinator, Nisqually NWR, 100 Brown Farm Rd, Olympia WA 98516