

Hashawha Environmental Center

300 John Owings Road
Westminster, Maryland 21158-3149
410-386-3560; TT 410-848-3017
fax 410-876-3519
hashawha@ccg.carr.org



Bear Branch Nature Center

410-386-3580
fax 410-848-2567
bearbranch@ccg.carr.org

Volunteer Application

General Information:

Name: _____
Birth Date: _____
Address: _____
City, State, Zip Code: _____
Phone: _____
Email Address: _____

Availability:

How often would you like to volunteer? Place a check mark next to your preference.

- ____ Weekly
- ____ Monthly
- ____ Occasionally (as needed for programs, festivals, etc.)

On what days are you available to volunteer? Place a check mark next to the days you are available.

- ____ Wednesdays: 1:00 - 4:00 p.m.
- ____ Thursdays: 1:00 - 4:00 p.m.
- ____ Fridays: 1:00 - 4:00 p.m.
- ____ Saturdays: 1:00 - 4:00 p.m.
- ____ Sundays: 1:00 - 4:00 p.m.

Areas of Interest:

What would you like to help with? Please rank the following volunteer activities in order of interest, with #1 being the area of most interest.

- ___ Greeting visitors
- ___ Preparing for programs and field trips
- ___ Gardening and weeding
- ___ Monitoring wildlife (bluebird boxes)
- ___ Caring for center animals (reptiles, amphibians, insects, etc.)
- ___ Assisting with summer camps
- ___ Trail maintenance and invasive species removal
- ___ Other: _____

***Please let us know if you have questions about the responsibilities and requirements of each activity.*

Additional Information:

Are you applying to volunteer to fulfill a service hour requirement? ___ YES ___NO

If so, please list the school or organization which has required you to do so:

What are your goals or reasons for volunteering at Bear Branch?

CARROLL COUNTY

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Emergency Contact Information:

Please provide the names of individuals we may contact in the event of an emergency.

Name	Relationship	Work Phone	Home Phone

Do you have any health issues (including food or other allergies) that the Nature Center should be aware of?
___ YES ___NO

If YES, please describe:

Do you have any medical or physical limitations that may interfere with your ability to volunteer?
___ YES ___NO

If YES, please describe:

References:

Please provide the names of individuals we may contact.

Organization Name	Duties	Dates	Contact Person	Phone

Volunteer Release:

I understand that my services are being offered on a voluntary basis without anticipation of financial compensation. I shall indemnify and hold harmless Bear Branch Nature Center, and the County Commissioners of Carroll County (a body corporate and politic of the State of Maryland) and its agents, offices, employees, and volunteers from any and all claims, causes of action, and suites arising, occurring, or resulting from any personal injury for damage to or loss of property of any nature caused by, arising out of, or in any other connected with the exercise of the above Organization, incurred during volunteer services.

Volunteer Signature

Date

Signature of Parent/Guardian

(if volunteer is under the age of 18)

Date

Thank you for your interest in volunteering at Bear Branch Nature Center!

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