

# VOLUNTEER INFORMATION

Dauphin County Parks and Recreation  
Wildwood Park/Olewine Nature Center  
100 Wildwood Way  
Harrisburg, PA 17110  
(717) 221-0292

NAME: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (mid. initial) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ BIRTHDAY: \_\_\_\_/\_\_\_\_/\_\_\_\_

PHONE: home: \_\_\_\_\_ I am age 18 or older \_\_\_\_\_ yes \_\_\_\_\_ no

work: \_\_\_\_\_ If no, age \_\_\_\_\_

cell: \_\_\_\_\_

email: \_\_\_\_\_

I prefer to receive calls at \_\_\_\_\_ home \_\_\_\_\_ work \_\_\_\_\_ cell

If employed:

Employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Occupational title: \_\_\_\_\_

Education (check all that apply)

\_\_\_\_ High School Graduate \_\_\_\_ Associate Degree \_\_\_\_ Undergraduate Degree \_\_\_\_ Graduate Degree

Please list one person, other than a relative who would be willing to serve as a personal reference.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home or cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Briefly describe your previous work and volunteer experience:

Which volunteer areas interest you the most?

\_\_\_\_ Nature Center/Front Desk (greeting and operations) \_\_\_\_ Events \_\_\_\_ Educational Programs

\_\_\_\_ Trail Trimmers (trail maintenance) \_\_\_\_ Gardens \_\_\_\_ Volunteer Work Day

Are you willing to work at least 5 hours per month? \_\_\_\_ yes \_\_\_\_no

When are you available to work? (check)

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning	( )	closed	( )	( )	( )	( )	( )
Afternoon	( )	closed	( )	( )	( )	( )	( )

**Contact in case of an emergency:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Home

Relationship: \_\_\_\_\_ Work

\_\_\_\_\_ Cell

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Home

Relationship: \_\_\_\_\_ Work

\_\_\_\_\_ Cell

**MEDICAL INFORMATION WHICH MAY BE RELEVANT IN CASE OF AN EMERGENCY**  
**Release of this information is optional.**

Allergies: \_\_\_\_\_ Pacemaker: \_\_\_\_ yes \_\_\_\_ no

Present Medications: \_\_\_\_\_

\_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any medical conditions which would affect your ability to perform your volunteer duties, or that the volunteer coordinator should know? \_\_\_\_ yes \_\_\_\_ no

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. I understand that this information is for use in reports by Dauphin County Parks and Recreation but will not be given to other parties.

I understand that I will not be paid for my services as a volunteer.

Applicant's Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_  
(for anyone under 18)