



324 Forest Drive South, Short Hills, NJ 07078  
P: 973.376.3587 F: 973.379.5059  
[www.hartshornarboretum.org](http://www.hartshornarboretum.org)

## Volunteer Application

Please complete the entire application and PRINT CLEARLY. Incomplete applications will not be considered for review.

**Volunteer's Name:** \_\_\_\_\_  
Last First MI

**Address:** \_\_\_\_\_  
# and Street City State Zip code

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_\_) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Do you speak any language other than English?** YES NO

If yes, what language do you speak? \_\_\_\_\_

**How did you hear about the Volunteer Program?** (Check All That Apply)

Flyer Website/Web Search Facility Visit Word of Mouth Partner Organization

Name of Website \_\_\_\_\_

**Why do you want to participate in the Volunteer Program at the Cora Hartshorn Bird Sanctuary?**

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**What relevant skills or experience do you have?**

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**What would you like to gain from your participation in the Volunteer Program at the CHA?**

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**REFERENCES (NOT FAMILY MEMBERS):**

Please provide contact information for 2 individuals we can contact as references to your character.

Reference # 1:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_(\_\_\_\_\_)\_\_\_\_\_

Reference # 2:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_(\_\_\_\_\_)\_\_\_\_\_

**AVAILABILITY (Check All That Apply):**

Sunday     Monday     Tuesday     Wednesday     Thursday     Friday     Saturday  
 8:30am-10:30am     10:30am-12:30pm     12:30pm-2:30pm     2:30pm-4:30pm

**Please Read:**

*By applying to the Cora Harshorn Arboretum's Volunteer Program I understand that I will be required to pass a background check and meet the required 70 hours per year to remain as a volunteer in good standing. I also understand that I will be a representative of the Cora Hartshorn Arboretum and Bird Sanctuary while on grounds and working outreach for special events. I also understand that I will be responsible for reporting any issues to the Volunteer Coordinator as well as checking regularly for new assignments and attending any training updates (Citizen Science, etc.)*

I, \_\_\_\_\_, certify that the information in this application is complete and true to the best of my knowledge, and that I truly wish to participate in this volunteer program. I also understand that if CHA feels that I am not fulfilling my responsibilities, my participation may be ended.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date