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www.hartshornarboretum.org

CORA'S CONSERVATION CORPS 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: _____ Grade _____ T-Shirt Size _____

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 _____

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: (_____) _____

Do you speak any language other than English? YES NO

If yes, what language do you speak? _____

EMERGENCY INFORMATION:

Medications or medical conditions: _____

Do you have any limitations or allergies that might prevent you from participating in certain activities at the CHA (Example: Bee Stings)? Please explain. _____

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.

Volunteers Signature _____

Date _____

In no more than ONE PAGE please tell us a) why you want to volunteer at the Cora Hartshorn Arboretum and b) how do you think your experience as a volunteer will help your future aspirations?