



324 Forest Drive South, Short Hills, NJ 07078
P: 973.376.3587 F: 973.379.5059
www.hartshornarboretum.org

SUMMER DISCOVERY CAMP 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: _____ **D.O.B.** _____ **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: (_____) _____

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. _____

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

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 _____