



324 Forest Drive South, Short Hills, NJ 07078
P: 973.376.3587 F: 973.379.5059
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: _____ D.O.B. : _____ T-Shirt Size _____

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?

What relevant skills or experience do you have?

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):

Monday Tuesday Wednesday Thursday Friday

8:30am-12:30pm 12:30-4:30pm Other time (Please explain): _____

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