



Volunteer Registration Form

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

CURRENTLY EMPLOYED? [] YES [] NO PLACE OF EMPLOYMENT: (OPTIONAL) _____

PLEASE LIST OTHER PLACES YOU HAVE VOLUNTEERED _____

NC DRIVERS LICENSE # _____ OTHER STATE? _____

PREFERRED AVAILABILITY (Ex. weekends/Mondays/afternoons/etc.) _____

Volunteer Interests (please mark all that apply):

- Garden Guide, Grounds, Tram Driver, Events, Gift Shop/Clerical, Environmental Programs

PERSON TO NOTIFY IN CASE OF EMERGENCY:

NAME _____ PHONE _____

RELATIONSHIP _____

PLEASE LIST ANY IMPORTANT HEALTH INFORMATION AIRLIE PERSONEL MAY NEED TO KNOW ABOUT YOU IN CASE OF EMERGENCY:

ARE YOU VOLUNTEERING FOR SCHOOL CREDIT? [] YES [] NO HOW MANY HRS NEEDED? _____

HOW DID YOU HEAR ABOUT AIRLIE'S VOLUNTEER OPPORTUNITIES?

- A FRIEND, NHC EMPLOYMENT SITE, AIRLIE'S WEBSITE, SCHOOL/PROFESS., OUTREACH EVENT, OTHER

FOR OFFICE USE ONLY

TRAINING/INTERVIEW DATE: _____ 1st SCHEDULED TASK: _____

Table with 5 columns: NHC Application, Background Check, Driver's Check, Drug Screening, Policy/Liability Waiver. Each column contains checkboxes for Required, Not, and Completed status.