

## Apple River Fort Volunteer Application

Name					
Address		City/Zip			
Telephone (H		(Cell)			
Email					
Employment:					
Are you curre	ntly: 🗆 Employ	yed □ Part <sup>-</sup>	Time 🗆	] Retired	
	□ Studen	ıt □ Otheı	ſ <u></u>		
Employer/Sch	nool				
Other Volunte	er Experience	:			
Skills and inte	erests that may	/ be useful at	the Apple	e River Fort:	
	•			erpretive Center/	•
☐ Special Eve	nts 🗆 Other	(Please Speci	fy)		
Availability: P	lease mark box	ces for times th	at you are	available to volu	nteer.
	Wednesday	Thursday	Friday	y Saturday	Sunday
AM					
PM					

Please circle months you are available to volunteer.

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC



Emergency Contact:					
Name and Relation Telephone (Home)					
Do you have any allergies/medical information we should be aware of?					
Thank you for your interest in volunteering at Volunteers may be subjected to a background highly recommended that volunteers attend resessions as necessary. For any questions or (815) 858-2028 or visit us online at appleriver	d check prior to beginning at the site. It is egular volunteer meetings and training further information, contact the site at				
(Signature)	(Date)				