



1750 East Beltline Ave SE
Grand Rapids, MI 49546

Thank you for your interest in volunteering for the Calvin Ecosystem Preserve & Native Gardens. Our volunteers are a valuable part of our organization, and we appreciate their contributions to our mission. Please complete this form and return it to the address above or to jw47@calvin.edu.

We will review this form, then contact you to discuss opportunities in which you can share your talents on your schedule. Please note that we do not have evening or Sunday volunteer hours.

Personal Information

Name _____

Current Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Preferred way to communicate with you: Phone E-mail

Male Female Birthdate (Month/Day) _____

Emergency Contact:

Name _____

Phone _____ Relationship _____

Allergies or medical issues we should be aware of _____

Volunteer Interests

Calvin Ecosystem Preserve & Native Garden volunteers participate in a wide range of activities. Please indicate below which activities you are interested in being a part of: (check all that apply)

- Trail maintenance/creation
- Garden caretaker (planting, weeding, collecting seeds)
- Invasive species removal
- Lead educational programs for children
- Lead educational programs for adults
- Develop/write educational materials
- Create displays/artist, carpenter, crafter projects
- Assist with special events such as Native Plant Sale, Family Weekend Open House
- Office/clerical support
- Research funding sources/write grants
- Share expertise (financial, legal, etc.)

We always welcome new ideas! Please let us know if you have a talent, interest, hobby, experience or education in another area that you would like to share.

Availability

How long do you anticipate volunteering?

- Short term - a month or two Long term - about a year Undecided

Which type of schedule do you prefer? (check only one)

Regular schedule:

- Daily
 Once a week
 Once a month
 Other _____

Flexible schedule:

- Hours per week _____
 Hours per month _____
 One-time project or events
 Other _____

When are you available to volunteer? (please indicate in table below)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings						
Afternoons						

Where would you be willing to volunteer? (check all that apply)

- Ecosystem Preserve Virtual (via phone and e-mail)
 Flat Iron Lake (in Greenville, MI) Other _____

Viewpoint on Volunteering

Why would you like to volunteer here? (check all that apply)

- Increase my skills in an area of personal interest Interest in the work we do at the Preserve
 Meet new people/professional networking Experience/education in the work we do at the Preserve
 Social events Fulfill community service hours/class credits
 A sense of giving something back/contributing to a good cause Other _____

How would you like to be recognized and thanked as a volunteer? (check all that apply)

- Birthday & holiday cards Special educational programs
 Featured in our E-newsletter A simple thank you
 Special luncheon or dinner Other _____

How did you hear about volunteer opportunities with the Calvin Ecosystem Preserve & Native Gardens?

- Preserve e-mail
- Our website
- Our Facebook page
- A visit to the Bunker Interpretive Center
- Master Naturalist/Gardener program
- Family/friend
- Other _____

Acknowledgment

I certify that the information in this application (and resume, if included) is true and complete, and I have not knowingly withheld any information. I understand that misrepresentation may be cause for dismissal. I also understand that the information I have provided will be made available to board and staff members and other people within Calvin University who might make use of my talents.

Background Check

I understand Calvin University reserves the right to perform a background check on all volunteers, as it is an organization working with children under the age of 18. If a background check is required, you will be asked to provide additional information.

Liability Waiver

As a condition of my participation in a Calvin University volunteer program, I hereby release Calvin University and its agents, staff, affiliates, and related parties from all responsibilities for personal injuries to me and damages to my property sustained in the performance of my volunteer activities.

Photo Release

I hereby permit and authorize Calvin University and its employees, agents, and personnel to use in perpetuity the Participant's photograph or other likeness for any purpose, including publicity, marketing, and promotional purposes. I understand such photograph or likeness may be copied and distributed by means of various media, including video presentations, television, mailers, billboards or signs, brochures, placement on websites, or newspapers. I understand that, although Calvin University will endeavor to use any such photograph or likeness in accordance with standards of good judgment, Calvin University cannot warranty or guarantee that any further dissemination of such photograph or likeness will be subject to Calvin University supervision or control. Accordingly, I release Calvin University from any and all liability related to usage or dissemination of the Participant's photograph or likeness.

Signature _____

Date _____