



# VOLUNTEER APPLICATION

for  
Friends of Mammoth Cave National Park

1. Name (Last , First Middle)

Instructions: Mark  in the appropriate boxes, for other items either print or type responses. If extra space is needed use back of form.

2. Age

3. Telephone Number

4. Email Address

5. Street Address ( include Apartment no., if any)

6. City, State, and Zip Code

PLEASE INDICATE IF YOU ARE INTERESTED IN VOLUNTEERING FOR THE FRIENDS INSIDE THE PARK AND/OR OUTSIDE THE PARK. IN-PARK VOLUNTEERS ARE CONSIDERED NPS VOLUNTEERS AS WELL AND WILL NEED TO DUAL REGISTER ON THIS FORM AND THE NPS FORM. IF YOU ARE INTERESTED IN VOLUNTEERING FOR MAMMOTH CAVE NATIONAL PARK ONLY, COMPLETE ONLY THE NPS FORM.

FRIENDS VOLUNTEER IN-PARK     FRIENDS VOLUNTEER OUT-OF-PARK (may require a valid driver's license)     NPS VOLUNTEER

7. What qualifications/skills/experience/education do you have that you would like to use in your volunteer work?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Computers                     | <input type="checkbox"/> Office Clerical       | <input type="checkbox"/> Public Speaking                              |
| <input type="checkbox"/> Historical/Preservation       | <input type="checkbox"/> Visitor Information   | <input type="checkbox"/> Supervision                                  |
| <input type="checkbox"/> Research                      | <input type="checkbox"/> Grant Writing         | <input type="checkbox"/> Teaching                                     |
| <input type="checkbox"/> Driver's License              | <input type="checkbox"/> Writing               | <input type="checkbox"/> Working with People                          |
| <input type="checkbox"/> Photography                   | <input type="checkbox"/> Sign Language         | <input type="checkbox"/> Hand/power tools                             |
| <input type="checkbox"/> Organizational/Special Events | <input type="checkbox"/> First Aid Certificate | <input type="checkbox"/> Other Trade skills ( <i>please specify</i> ) |
| <input type="checkbox"/> OTHER _____                   |  |   |

8. Based on boxes checked above, what particular type of volunteer work would you like to do? (Please describe any specific qualifications, skills, experience, or education that apply).

9. Are you a United States Citizen?     Yes     No    (If no, more information may be required)

10. a. Have you volunteered before?     Yes     No

b. If Yes, please briefly describe your volunteer experience.

11. Would you like to supervise other volunteers?     Yes     No

12. What are some of your objectives for working as a volunteer? (Optional)

13. Please specify any physical limitations that may influence your volunteer work activities:

14. a. Which months would you be available for volunteer work?

\_\_January    \_\_February    \_\_March    \_\_April    \_\_May    \_\_June    \_\_July    \_\_August    \_\_September    \_\_October    \_\_November    \_\_December

b. How many hours week would you be available for volunteer work? \_\_\_\_\_ hours

c. Days per week you would be available for work?    \_\_Sunday    \_\_Monday    \_\_Tuesday    \_\_Wednesday    \_\_Thursday    \_\_Friday    \_\_Saturday

15. Signature (Sign in black ink)

16. Date