



## Volunteer Application (Youth)

1111 East Brown Deer Road | Milwaukee, Wisconsin 53217 | 414-352-2880  
Marie Honel, Volunteer Coordinator | 414-352-2880, x144 | mhonel@schlitzaudubon.org

**Directions: Please complete, save and email this application to mhonel@schlitzaudubon.org. Thank you!**

**Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Current or Former Employer: \_\_\_\_\_

School Name: \_\_\_\_\_

Health/Physical Limitations/Special Needs: \_\_\_\_\_

Do you require any special accommodations in order to volunteer?  Yes  No

If **Yes**, please explain: \_\_\_\_\_

Do you need service-learning hours for school?  Yes  No

Is this court-ordered community service?  Yes  No

If **Yes**, please explain: \_\_\_\_\_

How did you hear about the Schlitz Audubon Nature Center?  
\_\_\_\_\_

Why do you want to volunteer with the Schlitz Audubon Nature Center? What do you hope to learn?

Please share relevant skills, hobbies, qualifications, training, volunteer and/or job experience and education that will help us to get to know you (experience is not required):

**Please Complete Next Page**



Schlitz Audubon  
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**Please indicate your availability:**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9am - Noon							
Noon - 5pm							

**Which opportunities are you interested in learning more about?**

### Drop-in Opportunities

- Conservation Team** (Land Stewardship)       **Ray Team** (Construction and Maintenance) | 14+  
\* Our greatest need \* | 14+

### Seasonal and One-time Opportunities

- Special Events | 12+       Office Projects | 12+  
 Summer Camp Assistant (June – August) | 12+

**Youth Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Have Parent Complete the Next Page**



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### **PARENTAL CONSENT FORM - Required**

**Required for volunteers younger than 18 years of age.**

**This form should be completed by a parent or legal guardian and attached to the Youth Volunteer Application.**

I hereby give permission for my son/daughter (name): \_\_\_\_\_  
to participate in the volunteer program at the Schlitz Audubon Nature Center.

I certify that my son/daughter is \_\_\_\_ years of age and that his/her birth date is \_\_\_\_\_.

My signature indicates that I am aware of and consent to my child's involvement in the program. I release and hold harmless the Schlitz Audubon Nature Center, its agents and employees from responsibility or liability arising out of the above named child's participation.

I understand there are certain risks in dealing with animals. I certify that my child is covered under my health insurance policy should injury take place while volunteering or participating, and I will be responsible for his or her medical bills.

### **OPTIONAL - Photo Release for Schlitz Audubon Nature Center Marketing Purposes**

I hereby give Schlitz Audubon Nature Center the right to capture my son/daughter's image (name): \_\_\_\_\_  
\_\_\_\_\_ for use in marketing collateral. Such materials include, but are not limited to, printed publications and digital images. These images may be used by Schlitz Audubon Nature Center for a variety of purposes and may be used without further notification.

**Signature of parent/legal guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Emergency Phone Number:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_