



VOLUNTEER APPLICATION/INFORMATION FORM

Name: _____

Address: _____

Phone number: _____ E-Mail: _____

Organization Name (if appl.): _____

Group leader (if appl.): _____ Number of volunteers: _____

Is this a service project? Yes No

If you answered "Yes", list service project requirements and description:

| VOLUNTEER SERVICES | DAY(S) AVAILABLE | TIME(s) OF DAY |
|---|------------------------------------|----------------|
| <input type="checkbox"/> Adopt-A-Park | <input type="checkbox"/> Monday | From: _____ |
| <input type="checkbox"/> Invasive Species Removal | <input type="checkbox"/> Tuesday | To: _____ |
| <input type="checkbox"/> Litter Removal | <input type="checkbox"/> Wednesday | From: _____ |
| <input type="checkbox"/> Mulching | <input type="checkbox"/> Thursday | To: _____ |
| <input type="checkbox"/> Park Conservation | <input type="checkbox"/> Friday | |
| <input type="checkbox"/> Park/River cleanup | <input type="checkbox"/> Saturday | |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Sunday | |
| <input type="checkbox"/> Trail Maintenance | | |
| <input type="checkbox"/> Other (specify below:) | | |

If you need to complete your project by a certain date, when? _____

Estimated time you are able dedicate to your project: _____

Dates available for work: _____

Park preference. Name: _____

FOR MORE INFORMATION, CONTACT:
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