



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	From: _____
<input type="checkbox"/> Park/River cleanup	<input type="checkbox"/> Saturday	To: _____
<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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