



Peace Valley Nature Center

170 N. Chapman Road
Doylestown, PA 18901
215-348-6270

Youth Volunteer Application

Name _____
(Last) (First) (MI)

Address _____
(Street & Apt #)

(City)

(State)

(Zip)

Phone (H) _____ (C) _____ E-mail _____

Please fill in all days and times you are available:

Sun: _____ Mon: __ (Closed) __ Tues: _____ Wed: _____ Thurs: _____
Fri: _____ Sat: _____

Job or Volunteer Experiences _____

Your Interests/Skills/Talents _____

Physical Limitations / Medical Conditions that you have _____

Emergency Contact _____ Phone (H) _____ (W) _____

Where did you learn about volunteering with us? _____

Please list 3 references that are not family members (At least one of these references must be a teacher)

1. Name _____ Phone # _____

Position/Job Title _____ Relationship to reference _____

2. Name _____ Phone _____

Position/Job Title _____ Relationship to reference _____

3. Name _____ Phone _____

Position/Job Title _____ Relationship to reference _____

What are the reasons you have chosen Peace Valley Nature Center as a possible organization at which to volunteer?

The following must be read and signed by the parent or guardian of any volunteer under 18 years of age:

I, _____, give my son/daughter permission to participate in the volunteer program at the Peace Valley Nature Center. I hereby release the Bucks County Department of Parks and Recreation, and Peace Valley Nature Center, and any employees or volunteers thereof, from any liability that might be incurred during the course of the project or program. I give Peace Valley Nature Center permission to keep this information on file for future reference. I also hereby give Friends of Peace Valley Nature, its clients, agents and assigns, full permission to use, publish photographic prints and other reproductions from all negatives made of my son/daughter, their property, or any art thereof, either in conjunction with or without using their name, and to make changes or alterations therein and/or additions thereto for publication for Peace Valley Nature Center Public Relations, in connection with testimonial copy with fictitious name or otherwise, and for any and all non-profit purposes whatsoever.

I, _____ agree to provide adult supervision while my child/children are volunteering at Peace Valley Nature Center

(Signature of Volunteer)

(Date)

(Signature of Parent/Guardian)

(Date)