



Wells National Estuarine Research Reserve

Research • Education • Stewardship

Date _____

Volunteer Registration Form

Name _____

Address _____
Street

City _____ State _____ Zip _____

Phone _____ Email _____

Emergency Contact Name _____

Emergency Contact Phone _____

My pronouns are: _____ Day/Month of birthday _____
(i.e. she/her, he/him, they/them)

What programs or events (if any) have you attended at the Reserve?

How did you hear about us?

When/how often are you available to volunteer?

What do you most enjoy doing when you visit the Reserve?

What other volunteering have you done?

List any background/skills related to your volunteer interests.

Would you like to receive the volunteer email newsletter? Yes No

Would you like to receive email updates about programs and events? Yes No



wellsreserve

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Please check the categories you are most interested in:

Visitor Center *(Greet callers and visitors. Provide general information and assistance)*

Ranger *(Be a friendly resource for visitors out on the trails. Monitor trail conditions)*

Admissions Booth *(Welcome and orient visitors. Accept and record admissions fees.)*

Volunteer Docent *(Guide school groups or lead summer tours on weekdays. Be the spark!)*

Community Science *(Contribute to ongoing data collection and monitoring efforts)*

Facilities/Maintenance *(Paint, repair, mow, build, clear and maintain trails)*

Special Events *(Laudholm Nature Crafts Festival, Earth Day. Help make our events a success!)*

Clerical/Mailings *(Assist with mailings, data entry, clerical work and marketing)*

Laudholm Trust Board and/or Fundraising *(Support the work of the Laudholm Trust)*

Other _____

Please list a reference (not related to you) that we may contact:

Reference name: _____

Reference email: _____

For risk management and the safety of children visiting our site, we may require a background check for volunteers/interns working with children. Do you give permission for us to obtain a background check? Yes No

Signature _____

Thank you!