



wellsreserve

# Wells National Estuarine Research Reserve

Research • Education • Stewardship

Date \_\_\_\_\_

## Volunteer Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_  
*Street*

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
*Home Work Cell*

Email \_\_\_\_\_

*Please add me to the Wells Reserve's monthly email newsletter so I can keep up-to-date on programs and projects.* [ ]

Seasonal Address from \_\_\_\_\_ to \_\_\_\_\_

*Street*

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Alternate phone \_\_\_\_\_

Current or Last Place of Employment \_\_\_\_\_

Name of spouse/significant other \_\_\_\_\_

Emergency Contact and Phone Number \_\_\_\_\_

Have you visited the Reserve before? ( ) Yes ( ) No

How did you hear about us? \_\_\_\_\_

When did you first visit, and how often do you visit? \_\_\_\_\_

Are you currently a member of Laudholm Trust? ( ) Yes ( ) No

*If no, would you like to be?* ( ) Yes ( ) No

Have you participated in a tour or an event at the Reserve? ( ) Yes ( ) No

If so, what tours or events? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_



# Wells National Estuarine Research Reserve

Research • Education • Stewardship

wellsreserve

Please list where you have volunteered in the past, and what you did there.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please check the categories you are most interested in:

- Visitor Center     Education     Naturalist/Tour Guide     Special Events  
 Ranger     Library     Maintenance     Admission Booth  
 Clerical     Research     Publicity     Mailings  
 Presenter     Fundraising/Membership     Baking for Events  
 Other \_\_\_\_\_

Describe your background or skills that relate to your volunteer interests. \_\_\_\_\_

---



---



---

When/how often are you available to volunteer? \_\_\_\_\_

---



---

What tasks would you not wish to be asked to do? \_\_\_\_\_

---

Please list 3 references (not related to you).

- |   |       |       |
|---|-------|-------|
| 1 | _____ | Phone |
| 2 | _____ | Phone |
| 3 | _____ | Phone |

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!