

Phone: 715-758-6999

** Fax: 715-758-6999 (call first)

Volunteer Application

(for volunteers age 18 and over - valid for 3 years)

** Email: navarinonc@gmail.com

Name [last]	[first]			[middl	e]
Date of Birth:	Email Address:				
Street Address:	 	Mailing	Address: _		
City:	State	e:		Zip code	e:
Phone # [home]()	[work](_)		, ext	Best Time to Call:
Occupation:	V	Vhere employ	/ed:		
In which activities at Navarino Na	ture Center are you pres	ently involved	d:		
Volunteer Position applied for:					
What experience, training, skills a	nd/or talents do you hav	e which migh	t be useful i	n this position?	
References: Please provide name	e and phone of three non	relatives, als	so include a	former supervis	sor.
				Phone # ()
				Phone # ()
				Phone # ()
Former Supervisor				Phone # ()
Please list all states of previous re	esidence:				
Please list other names you have	used:				
Have you ever been accused or o	onvicted of physical or s	exual abuse?	•	YES	NO
[If YES, please explain]					
Have you ever been convicted of	a crime?	YES		NO	
[If YES, please explain]					
	Reference & Backg	round Che	eck Autho	rization	
In connection with my application to so references and background. I underso from federal, state, and county agenci authorization, shall be used only for the criminal history records from any government.	and that this report may cor es, and other entities, which e expressed purpose of pro	ntain public rec n maintain such cessing my ap	ord information records. Any plication. I au	n concerning crin	ninal history records obtained iined as a result of this
I CERTIFY THAT ALL INFORMATION INFORMATION OR OMISSION MAY DISCOVERED AT A LATER DATE. I	DISQUALIFY ME FROM FL	JRTHER CON	SIDERATION	, AND MAY RESI	JLT IN MY REMOVAL IF
Applicant Signature:				Date:	
FOR OFFICE USE ONLY	Approved		Denied	D	ate

Web: www.navarino.org