

# Adirondack Interpretive Center



## Volunteer Form

Name:

Last Name

First Name

Nickname (if preferred)

### Areas of Interest or Experience:

Please check all that apply

- |   |   |                                      |  |
|---|---|--------------------------------------|--|
| <input type="checkbox"/> Natural History  | <input type="checkbox"/> Wildflowers    | <input type="checkbox"/> Teaching    | <input type="checkbox"/> Nature Observation Reporter |
| <input type="checkbox"/> Birds & Birding  | <input type="checkbox"/> Gardening      | <input type="checkbox"/> ADK History | <input type="checkbox"/> Trail Conditions Reporter   |
| <input type="checkbox"/> Mammals          | <input type="checkbox"/> Photography    | <input type="checkbox"/> Hiking      | <input type="checkbox"/> Center Host                 |
| <input type="checkbox"/> Reptiles/Amphibs | <input type="checkbox"/> Journaling     | <input type="checkbox"/> Fishing     | <input type="checkbox"/> Community Ambassador        |
| <input type="checkbox"/> Invertebrates    | <input type="checkbox"/> Nature Writing | <input type="checkbox"/> Hunting     | <input type="checkbox"/> Administration              |
| <input type="checkbox"/> Botany, general  | <input type="checkbox"/> Art            | <input type="checkbox"/> Canoeing    |  |

Other:

Please list any areas you are interested in learning more about:

### Availability:

- |                                     |                                    |                                     |                                     |                                    |
|-------------------------------------|------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Year-round | <input type="checkbox"/> Autumn    | <input type="checkbox"/> Winter     | <input type="checkbox"/> Spring     | <input type="checkbox"/> Summer    |
| <input type="checkbox"/> Sundays    | <input type="checkbox"/> Mondays   | <input type="checkbox"/> Tuesdays   | <input type="checkbox"/> Wednesdays | <input type="checkbox"/> Thursdays |
| <input type="checkbox"/> Fridays    | <input type="checkbox"/> Saturdays | <input type="checkbox"/> Sundays    |                                     |                                    |
| <input type="checkbox"/> All Day    | <input type="checkbox"/> Mornings  | <input type="checkbox"/> Afternoons |                                     |                                    |

### Contact Info:

Local Address:

Street Address City/Town State Zip

Alternate Address:

Street Address City/Town State Zip

Local Phone #:  Alternate Phone #:

E-mail Address: