

**New Hampshire Department of Natural and Cultural Resources
Volunteer Program**

VOLUNTEER APPLICATION

Name: Last, First, MI	Preferred Telephone Number
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Street Address	City, State, Zip Code
E-mail address	Are you over the age of 18?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact and Relationship	Emergency Contact Telephone Number

List the Properties or Region where you would like to volunteer. If you would like to volunteer in any area within a certain geographical location, please indicate.
1. _____ 2. _____ 3. _____
If there are no volunteer opportunities in the property you requested, are you willing to volunteer in other properties or Regions? <input type="checkbox"/> Yes <input type="checkbox"/> No

When are you able to volunteer?					
Months			Days of Week		Time of Day
<input type="checkbox"/> January	<input type="checkbox"/> May	<input type="checkbox"/> September	<input type="checkbox"/> Sunday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Morning
<input type="checkbox"/> February	<input type="checkbox"/> June	<input type="checkbox"/> October	<input type="checkbox"/> Monday	<input type="checkbox"/> Friday	<input type="checkbox"/> Afternoon
<input type="checkbox"/> March	<input type="checkbox"/> July	<input type="checkbox"/> November	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Evening
<input type="checkbox"/> April	<input type="checkbox"/> August	<input type="checkbox"/> December	<input type="checkbox"/> Wednesday		

What types of volunteer service would you like to provide?		
<input type="checkbox"/> Trail Maintenance	<input type="checkbox"/> Special Events	<input type="checkbox"/> Photography
<input type="checkbox"/> Trail Adoption	<input type="checkbox"/> Guest Services/Info	<input type="checkbox"/> GPS/GIS data
<input type="checkbox"/> Trailhead Host	<input type="checkbox"/> Carpentry/Maintenance	<input type="checkbox"/> Other _____
<input type="checkbox"/> Grounds Maintenance	<input type="checkbox"/> Painting	

Have you previously been a volunteer with the Department? Where? When?

Do you have any special accommodations that should be considered in scheduling or assigning volunteer opportunities?

So that we may better match your skills and abilities to a meaningful contribution to the Department, please tell us about your interest and field(s) of expertise that you would be willing to share. What are your volunteer goals? (Attach additional pages as necessary.)

References List the name and contact information of two references, not relatives, who have known you for at least two years.

1. Name		Telephone Number	
Street Address	City, State, Zip Code	Relationship	
2. Name		Telephone Number	
Street Address	City, State, Zip Code	Relationship	
Please be advised DNCR may contact these references			

If you have ever been convicted of a Felony that has not been officially annulled by a court, you must complete the following section, giving the date, location (including the court), and nature of the felony conviction.

If you leave this space blank, you are certifying that you have no current record of conviction.

The New Hampshire Department of Natural and Cultural Resources may do a criminal record check prior to accepting applicants for volunteer positions.

All answers and statements are true and complete to the best of my knowledge. I understand that the State may verify information, and that I am authorizing a background check if needed. Answers that are untruthful or misleading are cause for rejection of this application.

Signature	Date
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Discrimination on the basis of age, sex, race, color, marital status, physical or mental disability, religious creed, national origin, sexual orientation or any other non-merit factor is strictly prohibited.