

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

**GROUP VOLUNTEER APPLICATION**

<b>Name of Group/Organization:</b>	<b>Preferred Telephone Number:</b>
<b>Street Address:</b>	<b>City, State, Zip Code:</b>
<b>E-mail Address:</b>	<b>Group Leader's Name:</b>
<b>Number of Adults:</b>	<b>Number of Minors:</b>

**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?  Yes  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	

**Does your group have general liability insurance?**  Yes  No

**Has your group previously volunteered with the Department? Where? When?**

**Does your group have any special accommodations that should be considered in scheduling or assigning volunteer tasks?**

**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.)**

**If anyone in your group has ever been convicted of a Felony that has not been officially annulled by a court, you must complete the following section, giving the name, 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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