

The Rockfish Valley Foundation Volunteer Application

Thank you for your interest in volunteering for The Rockfish Valley Foundation, a public non-profit organization. Please complete the following information and either return in person, via email to Volunteer@RockfishValley.org or mail to The Rockfish Valley Foundation, P.O. Box 235, Nellysford, VA 22958. See more details at <https://www.rockfishvalley.org>.

PLEASE PRINT

Today's Date

First Name

Last Name

Street Address

City

State

Zip

Primary Phone Number

Other Phone

Email

Age

Under 18

18 and above

When are you generally available for volunteer assignments? Please check all that applies.

Weekday Mornings

Weekday Afternoons

Weekday Evenings

Weekend Mornings

Weekend Afternoons

Weekend Evenings

How many hours per week, month, or quarterly can you volunteer?

Week

Month

Quarterly

What type of volunteering are you interested in?

Special Events Volunteer

On-Going Volunteer

The Rockfish Valley Foundation Volunteer Application

Indicate which areas you are interested in volunteering:

- Greeting visitors at the Natural History Center
- Conducting or assisting with hikes
- Assisting with, presenting, or creating educational programs (adult, children or family)
- Maintaining or creating exhibits
- Administrative assistance
- Special events (i.e. Kite Festival, Earth Day)
- Maintaining trails (i.e. mowing, brush trimming, trash removal)
- Maintaining Spruce Creek Park (i.e. trash removal, clean up, pulling grass)
- Boards and committees (i.e. Finances, Marketing, Education)
- Photography
- Other (please list):

Work experience (please summarize):

Physical limitations if any:

Previous volunteer experience:

The Rockfish Valley Foundation Volunteer Application

Special skills, qualifications, or education:

Please share with us why you are interested in volunteering for The Rockfish Valley Foundation:

References: _____

Please list _____
At least 2 _____
with contact _____
information _____

Person to contact in case of an emergency:

First Name

Last Name

Primary Phone Number

Secondary Phone Number

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I understand that all volunteers serve at the pleasure of the organization. It is also understood that depending on the type of volunteer service I am selected for, a background check may be performed. I give permission to contact my references listed above.

Applicant Signature

Parent/Guardian Signature (if under 18 years of age)