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) ___________________________