



AUDUBON VOLUNTEER NATURALIST APPLICATION

Thank you for your interest our Audubon Volunteer Naturalist Program. Please provide the following information. If you need space, continue on the back. Your completed application is registration for the training. In addition, all Audubon volunteer naturalists must provide and maintain current background clearance documents. If you have any questions, please contact Scott at 412-963-6100 x.20 or sdetwiler@aswp.org.

Name _____ Date _____
Address _____ City _____ Zip _____
Phone _____ Email _____
Date of Birth : _____ Are you presently a member of: ☐ Friends of Audubon? ☐ National Audubon Society?
Where did you hear about the Volunteer Naturalist program? _____
What do you expect from your service as a volunteer naturalist with ASWP? _____

Most walks and meetings occur weekday mornings and early afternoons. Do you have any schedule limitations at these times?

Occupation (present & recent past): _____

Education: _____

Interests, Hobbies and Skills: _____

Volunteer Experience: _____

Health (allergies or other conditions of concern): _____

Emergency Contact: _____

Comments: _____

We occasionally photograph our programs for promotional purposes. Please read the following statement and sign below: "I, the undersigned, understand and agree to assign the right to the Audubon Society of Western Pennsylvania to use my video taped or photographic likeness for promotional purposes without compensation or additional permission."

Signature of Applicant: _____ Date: _____

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