



STEWARD APPLICATION

John Bunker Sands Wetland Center
655 Martin Lane, Combine, TX. 75159
(972) 474-9000

contact@wetlandcenter.com

Personal Information

Name _____ Date _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Phone (Home) _____ (Cell) _____ (Work) _____

Email _____

Place of Employment _____

Job Title _____

Is it okay to call you at work? Yes No

Volunteer Experience

Do you have any previous volunteer experience? Yes No

If so, Where?

What were your duties?

How long did you volunteer there?

Skills and Interests

Please list any special skills, interests and training you have:

Please list hobbies and interests:



What Volunteer Opportunities best match your interests (Please check all those which interest you):

- School Tour Guide** (training provided, must be available weekdays)
- Office Help/Front Desk** (Assembling mailings, brochures, data entry, gift shop)
- Center Docent** (helping staff with building supervision, greeting visitors, building tours)
- Gardener** (transplanting, water, weeding and other garden chores)
- Special Events** (Help with 1/2 day and day long events i.e. Mud Bug Festival)
- Carpentry or other building work** (to assist staff with projects)
- Trail Maintenance** (boardwalk and future trail work and maintenance)

Currently, how often do you think you would be available to be a steward at the Wetland Center (days and times)?

What is your motivaton to become a Steward at the Wetland Center?

Are there any personal strengths and/or weaknesses you want to share?

Medical

Who do we notify in case of emergency?

Name _____ Phone _____

Relation to you: _____

Do you have any physical/medical conditions that should be considered in arranging steward assignments (i.e. allergies)?

Have you ever been convicted for violation of a Federal, State, County or Municipal Law, Regulation or Ordinance? Do not include misdemeanors or traffic tickets. Yes No

If "Yes", please explain:



Reference

Please list 3 references (adults) who are not relatives that have known you for at least one year.

1.

Name	Email Address	Day Phone
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2.

Name	Email Address	Day Phone
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3.

Name	Email Address	Day Phone
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By signing this application, I agree that the information provided is true to the best of my knowledge and any falsified information could lead to dismissal from the John Bunker Sands Wetland Center Steward Program. **Please note that the Wetland Center is a non-smoking, drug free facility.**

Applicant's Signature _____ Date _____

