

## Orient Land Trust Volunteer Application

## **Contact Information**

Name: Last	First:	N	lickname:		
Mailing address:		A	pt/Unit:		
City:	State:	Z	Zip Code:		
Home phone:	Work:	Cell:			
Email address:		Age:	Sex:		
Emergency Contact:		Relationship:			
Emergency Phone:					
Do you know of any medica volunteer?	al condition or physical limita	ntion that may a	ffect your ability to		
☐ Yes No If yes, please e	xplain:				
Availability To Volunt	eer:				
General Interests or H	obbies:				

re you most interested in? (Please circle all that apply.)					
Discovery Host					
Host Geology Fault guide					
ums					
Fundraising					
enance Weed Control					
Painting					
Stone work					
Board of Directors Committees					
er Program at Orient Land Trust?					
with Orient Land Trust?					

## **Special Skills or Qualifications:** Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. **Previous Volunteer Experience: Other Information** Is there any other information you wish to share with us on this application? References List two references (not relatives) that are familiar with your abilities as a worker or volunteer. Name:\_\_\_\_\_ Phone: Email:

## Thank You!

Phone:

Email: \_\_\_\_\_

We appreciate your interest in volunteering at Orient Land Trust! Please return to: OLT, Attn: Rosie, PO Box 65, Villa Grove, CO 81155-0065