

New Hampshire Department of Natural and Cultural Resources Volunteer Program

GROUP VOLUNTEER APPLICATION

Name of Group/Organization	Preferred Telephone Number
Street Address	City, State, Zip Code
E-mail Address	Group Leader's Name
Number of Adults	Number of Minors <small>*Minors require a 1:8, adult to youth ration for supervision. Parental permission slips must be signed and submitted before work date.</small>

List the Properties or Region where you would like to volunteer.
If you would like to volunteer in any area within a certain geographical location, please indicate.

1. _____ 2. _____ 3. _____

If there are no volunteer opportunities in the property you requested, are you willing to volunteer in other properties or Regions? Yes No

When are you able to volunteer?

Months			Days of Week		Time of Day
<input type="checkbox"/> January	<input type="checkbox"/> May	<input type="checkbox"/> September	<input type="checkbox"/> Sunday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Morning
<input type="checkbox"/> February	<input type="checkbox"/> June	<input type="checkbox"/> October	<input type="checkbox"/> Monday	<input type="checkbox"/> Friday	<input type="checkbox"/> Afternoon
<input type="checkbox"/> March	<input type="checkbox"/> July	<input type="checkbox"/> November	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Evening
<input type="checkbox"/> April	<input type="checkbox"/> August	<input type="checkbox"/> December	<input type="checkbox"/> Wednesday		

What types of volunteer service would you like to provide?

<input type="checkbox"/> Trail Maintenance <input type="checkbox"/> Trail Adoption <input type="checkbox"/> Trailhead Host <input type="checkbox"/> Grounds Maintenance	<input type="checkbox"/> Special Events <input type="checkbox"/> Guest Services/Info <input type="checkbox"/> Carpentry/Maintenance <input type="checkbox"/> Painting	<input type="checkbox"/> Photography <input type="checkbox"/> GPS/GIS data <input type="checkbox"/> Other _____
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Has your group previously volunteered with the Department? Where? When?

Does your group have any special accommodations that should be considered in scheduling or assigning volunteer tasks?

So that we may better match your skills and abilities to a meaningful contribution to the Department, please tell us about your interest and field(s) of expertise that you would be willing to share. What are your volunteer goals? (Attach additional pages as necessary.)

If anyone in your group has ever been convicted of a Felony that has not been officially annulled by a court, you must complete the following section, giving the name, date, location (including the court), and nature of the felony conviction.

If you leave this space blank, you are certifying that you have no current record of conviction.

The New Hampshire Department of Natural and Cultural Resources may do a criminal record check prior to accepting applicants for volunteer positions.

All answers and statements are true and complete to the best of my knowledge. I understand that the State may verify information, and that I am authorizing a background check if needed. Answers that are untruthful or misleading are cause for rejection of this application.

Signature

Date