



Return to:
Volunteer Services Coordinator
P. O. Box 146001
1594 W North Temple, Suite 116
Salt Lake City, UT 84114-6001
Fax: (801) 538-7378

Volunteer Profile

Please take a few minutes to fill out this profile. We would like to utilize your time and skills effectively, while ensuring you will enjoy your activities.

Name: _____

Address: _____

City, State, Zip+4: _____

Telephone: _____ Home _____ Work _____

Email: _____

Volunteer position(s) you are interested in:

- | | | |
|---|--|---|
| <input type="checkbox"/> Camp Host | <input type="checkbox"/> Docent | <input type="checkbox"/> Camp Worker |
| <input type="checkbox"/> Gift Shop/visitor center | <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Trails | <input type="checkbox"/> Collection Management | <input type="checkbox"/> Golf Course Operations |
| <input type="checkbox"/> Other _____ | | |

Park area(s) you are interested in: _____

If you are interested in becoming a camp host, what size of RV do you have? _____

In case of emergency contact: _____

Telephone: _____ Home _____ Work _____ Relationship _____

Are you in school? Yes No Where? _____

Educational Degrees: _____

Additional Training: _____

Are you currently employed: Yes No Where? _____

Reasons for volunteering:

- | | | |
|--|---|---|
| <input type="checkbox"/> Spare time | <input type="checkbox"/> Civic minded | <input type="checkbox"/> Sharpen old skills |
| <input type="checkbox"/> School credit | <input type="checkbox"/> Learn new skills | <input type="checkbox"/> Meet new friends |
| <input type="checkbox"/> other _____ | | |

Do you have office experience? Yes No If yes, does that experience include:

- | | |
|---|---|
| <input type="checkbox"/> Answering phones/taking messages | <input type="checkbox"/> Customer service/sales |
| <input type="checkbox"/> Writing memos/letters | <input type="checkbox"/> Computer experience |

Please list software you have used: _____

List any experience and/or special skills that you bring to us! _____

Do you speak any language(s) other than English Yes No

If yes, which language(s) _____

Which type of projects to you prefer? Long term projects Short term projects

What types of groups would you like to work with?

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> School groups | <input type="checkbox"/> Special needs | <input type="checkbox"/> One to one |
| <input type="checkbox"/> Adult tour groups | <input type="checkbox"/> Retirement groups | <input type="checkbox"/> All types |

Please check any of the following that you would like to do:

- | | | |
|---|--|--|
| <input type="checkbox"/> clerical | <input type="checkbox"/> birding | <input type="checkbox"/> carpentry |
| <input type="checkbox"/> fund raising | <input type="checkbox"/> grant writing | <input type="checkbox"/> natural sciences |
| <input type="checkbox"/> research | <input type="checkbox"/> sign language | <input type="checkbox"/> trail safety checks |
| <input type="checkbox"/> trail guide | <input type="checkbox"/> exhibit guide | <input type="checkbox"/> gift shop |
| <input type="checkbox"/> gardening | <input type="checkbox"/> program assistant | <input type="checkbox"/> photography |
| <input type="checkbox"/> art work/crafts | <input type="checkbox"/> outreach program | <input type="checkbox"/> programs |
| <input type="checkbox"/> general maintenance | <input type="checkbox"/> special events | <input type="checkbox"/> public relations |
| <input type="checkbox"/> golf course/pro shop | <input type="checkbox"/> other _____ | |

Would you be available for Aphysical labor, such as moving items, hauling, lifting more than 25 lbs.?

- Yes No

Are there projects you would like to avoid? Yes No If yes, please list: _____

Months you are available: _____

Which days would you like to work? (Please circle): M T W Th F S Sun

Would you prefer to work in the morning or afternoon? AM PM

Hobbies and interests: _____

List a minimum of one previous supervisor who has definite knowledge of your qualifications and work habits (paid or volunteer). Letters of recommendation may be substituted.

Name	Title & Company	Phone
_____	_____	_____
_____	_____	_____

Source of referral: _____

Signed: _____ Date: _____