



VOLUNTEER NATURALIST APPLICATION

Thank you for your interest our Volunteer Naturalist Program. Please provide the following information. If you need space, continue on the back. Your completed application is registration for the training. 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 _____

Birthdate: Month ___ Day ___ Are you presently a member of: Friends of Audubon? National Audubon Society?

Teachers, check here if you seek Act 48 Professional Development credit

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: _____

Health (allergies or other conditions of concern): _____

Emergency Contact: _____

Volunteer Experience: _____

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: _____