

**MERCER COUNTY PARK COMMISSION
VOLUNTEER NATURALIST APPLICATION**

Thank you for your interest in 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 Jenn Rogers at 609-883-6606 x 112 or jlear@mercercounty.org.

Return completed registration form to:

Jenn Rogers
Mercer County Wildlife Center
PO Box 161
Titusville, NJ 08560

Name _____	Date _____
Address _____	City, State _____ Zip _____
Home Phone _____	Cell Phone _____
Email _____	Birthdate: Month ____ Day ____

Where did you hear about the Volunteer Naturalist Program? _____

What do you expect from your service as a volunteer naturalist? _____

Most hikes and programs are during weekday mornings and early afternoons. Do you have any schedule conflicts with these times? _____

Occupation (present and past): _____

Education: _____

Interests, Hobbies and Skills: _____

Volunteer Experience: _____

Emergency Contact Person: _____	Relationship: _____
Phone #: _____ - _____ - _____	Alternate Phone #: _____ - _____ - _____
Allergies or medical conditions that we should know about: _____	

PLEASE READ: *I understand the content of the program and the risks of personal injury therein. I give permission to the Mercer County Park Commission to make noncommercial use of any activity photographs of myself during this program.*

Signature: _____

Date: _____