



AMIGOS DE BOLSA CHICA VOLUNTEER NATURALIST TRAINING PROGRAM REGISTRATION

Last Name: _____ First Name: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Previous volunteer experience:

Tell us why you are interested in becoming a volunteer naturalist:

Please indicate which days of the week you expect to be available for volunteer activities and what times:
(1-2 times a month is normal need)

| <u>Days available</u> | <u>9:00-12:00</u> | <u>12:00-3:00</u> | <u>3:00-5:00</u> |
|-----------------------|-------------------|-------------------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

How did you hear about the Amigos de Bolsa Chica?

Emergency name and phone number: _____

Concerns or questions:

Please return your completed form to info@amigosdebolsachica.org
www.amigosdebolsachica.org