



THE PETTIT PRESERVE

The Margaret & Luke Pettit Environmental Preserve, Inc.

Volunteer Application

Name: _____ D.O.B. _____ Date: _____

Address: _____ City/State/Zip: _____

Email: _____ T-shirt size: _____

Home Phone: _____ Cell number: _____

Current Employer: _____ City: _____

Past job experience: _____

Volunteer experience: _____

How did you hear about the Preserve? _____

What type of outdoor activities have you been involved with? _____

Why do you want to volunteer at Pettit Preserve? _____

How much time would you like to spend volunteering at the Preserve?

_____ hrs a week _____ hours a month _____ no set number of hours

What types of Preserve activities are you interested (check all that apply):

Leading hikes teaching activities at Learning Shed/Amphitheaters

Special Events Fundraising Putting up flyers/signs

Office tasks Grounds/maintenance

Other (specify): _____

The Pettit Preserve requires all volunteers in contact with children to submit a background check to the Executive Director before assignment.

My signature below attests that I have read and agree to comply with all Volunteer Guidelines

Volunteer Signature: _____

Please mail to P.O. Box 2843, Cartersville, GA 30120 or fax to 678-302-2074

Background Check Received: _____ Dates of Training: _____