



Volunteer Application

Thank you for your interest in volunteering! Please fill out this form and send to volunteer@grandfather.com or mail to Grandfather Mountain Stewardship Foundation, P.O. Box 129 Linville, N.C. 28646.



Today's Date:	Full Name:	Birthday:
Street Address:		
City/State/Zip Code:		
Cell Phone:	Other:	Email:
Why do you want to volunteer?		
List any job experiences, skills, languages, qualifications, or connections you could use as a volunteer:		
List other volunteer experiences:		

In which areas are you interested in volunteering?

Habitat Host		Parking Services and Traffic Control	
Museum Host		Conservation Opportunities	
Bridge Area Host		Education Assistant Opportunities	
Split Rock Area Host		Event Support	
Top Shop Photo Exhibit Host		GROUP VOLUNTEER COORDINATOR	

As a volunteer, you must attend an orientation prior to beginning your service to learn more about Grandfather Mountain's mission and culture, which includes a tour. **Date you are available to begin:**

Hours are generally 11 a.m. to 3:00 p.m. Please circle (or check) the days you want to volunteer:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Volunteer opportunities at Grandfather Mountain may require specific abilities: (Please circle or check responses.)

Are you able to lift 50 pounds? Yes No

Are you able to walk on uneven paths or inclines? Yes No

Are you able to stand for more than 2 hours at a time? Yes No

List any health issues you may want Grandfather Mountain to be aware of:
Do you carry an Epi-pen with you at all times? Yes No

Please submit an Emergency Contact:

Name:
Phone/Email:
Company/Organization:
Relationship:

I understand that my participation is voluntary and I am not required to do anything that I am not comfortable doing. It is my responsibility to communicate to let Grandfather Mountain know if I am uncomfortable or need to stop a task for any reason. I certify the information in this application is true and complete to the best of my knowledge. Volunteers are approved based on the completion of a criminal background check.

Signature:	Date:
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It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Date	Initials
Application reviewed and accepted by:	
Orientation Completed:	

Thank you for your interest in volunteering with us.