



## Volunteer Application

Thank you for your interest in volunteering! Please complete this form and email it to [terry@grandfather.com](mailto:terry@grandfather.com). You may also mail it to:

**Grandfather Mountain Stewardship Foundation**  
**Attn: Terry Jenkins, Volunteer Coordinator**  
**P.O. Box 129**  
**Linville, N.C. 28646**

Today's Date:	Full Name:	Birthday:
Street Address:		
City/State/Zip Code:		
Cell Phone:	Landline:	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, if applicable:		

**In which areas are you interested in volunteering?**

Museum Docent		Bridge Area Host	
Pathway Host		Top Shop Photo Exhibit Host	
Split Rock Area Host		Event Support	
Woods Walk Host		Habitat Host	

**Volunteers are classified as full-time if scheduled regularly; other times are part-time.**

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: \_\_\_\_\_

Regular scheduled hours are generally 11 a.m. to 3 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 select responses)

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 <b>health issues</b> you may want Grandfather Mountain to be aware of:
Do you carry an <b>Epi-pen</b> with you at all times?                      YES                      NO

Please submit an Emergency Contact:

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

Do you have a winter address?

Street Address

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City/State/Zip Code

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*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.*

Thank you for your interest in volunteering with us.