



Volunteer Application

Thank you for your interest in volunteering! Please complete this form and email it to volunteer@grandfather.com. You may also mail it to:

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

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

In which areas are you interested in volunteering?

| | | | |
|-----------------|--|-----------------------------|--|
| Wilson Center | | Bridge Host | |
| Pathways | | Top Shop Photo Exhibit Host | |
| Habitat Host | | Trails/Trailheads | |
| Woods Walk Host | | Yonni's Clubhouse | |

All volunteers must attend an orientation session at the beginning of each season to learn about updates and as a refresher of important information. This is required to volunteer each season.

Date you are available to start: _____

Regular scheduled hours are generally 11:00 a.m. to 3:00 p.m. during the months of May-October. Please circle days you want to volunteer:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Volunteer opportunities at Grandfather Mountain may require specific abilities: (please circle 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 **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: |

Do you have a winter address?

Street Address

City/State/Zip Code

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: |
|------------|-------|

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.