



## Volunteer Application

Thank you for your interest in volunteering! Please complete this form and email it to [volunteer@grandfather.com](mailto: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.