



Port Royal Sound Foundation Maritime Center Volunteer Application

Prefix (circle one): Dr. Mr. Mrs. Ms. Miss 18 y/o or older (must be 18+)

Name: _____
Phone (s): (C) _____ (H) _____

Mailing Address: _____

Email Address: _____

Community: _____ Residence Status: Year-Around Seasonal

Emergency Contact: Name: _____ Phone: _____

Volunteer Interests:

- Host in Maritime Center
- Tank Maintenance
- Special Event Help
- Docent in Maritime Center
- Landscaping
- Other _____
- Field Trip Asst
- Office Support

I have previous experience as a / in:

- Master Naturalist
- Educator:
- Web Develop/Maintenance
- Construction/Carpentry
- Writing/ Editing
- Wildlife Management
- Other _____
- Pre-school
- K-8
- 9-12
- College/Univ
- Photography
- Environ/Wildlife Research
- Public Speaking
- Water Quality/Environ Testing
- Master Gardener
- Computers
- Corporate
- Landscaping
- Development/Fund Raising
- Marketing / Advertising
- Office Management

Please select one:

Employed: Part-time Full-time Retired What is/ was your line of work: _____

Student What is your field of study: _____

Volunteer availability:

- | | | | | | |
|------------|----------------------------------|------------------------------------|-------------|----------------------------------|------------------------------------|
| Mon | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | Tues | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| Wed | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | Thu | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| Fri | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | Sat | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |

Why do you want to volunteer at the Port Royal Sound Foundation? _____
