

**SEATUCK ENVIRONMENTAL ASSOCIATION
VOLUNTEER APPLICATION**

First Name _____ Middle Initial _____ Last Name _____

PHONE: (H) _____ PHONE: (C) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ I DO NOT USE EMAIL _____

EMERGENCY CONTACT: _____

AVAILABILITY:

Please indicate the days and hours you are able to volunteer:

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

Other: _____

Are you available for evening programs? _____

Are there any months you would not be available for volunteer work? _____

VOLUNTEER EXPERIENCE, SKILLS, INTERESTS: Please take a moment to list current or previous volunteer activities. What skills, experience, education, hobbies would you like to share?

WHICH OF THE VOLUNTEER AREAS ARE YOU INTERESTED IN PARTICIPATING?

Please list by preference.

Please return to Seatuck at P.O. Box 31, Islip, NY 11751