



## VOLUNTEER APPLICATION

Please complete the application and return it to the Volunteer Coordinator at TRGT 535 Chestnut Street, Suite 214 Chattanooga, TN 37402 or via fax at (423)266-1841.

Name:

\_\_\_\_\_

Today's Date \_\_\_\_\_

Date of Birth

\_\_\_\_\_

Address

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip

\_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone

\_\_\_\_\_

Cell Phone \_\_\_\_\_

Preferred contact method: \_\_\_\_\_

E-mail address

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Health Condition(s): Please indicate if you have any health concerns that we should be aware of (asthma, a heart condition, mobility issues, etc).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any allergies (to medications, food, insects, poison ivy, etc):

\_\_\_\_\_

\_\_\_\_\_

Employer/School

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Occupation/Course of Study

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If applicable, does your employer match employee contributions to nonprofit organizations?  
( ) Yes ( ) No ( ) I'm not sure ( ) Not Applicable

Do you have access to a car? ( ) Yes ( ) No

Do you own a van, truck or SUV that you would be willing to use as a work vehicle during a volunteer activity? ( ) Yes ( ) No

OVER

Please list your highest level of education completed:

\_\_\_\_\_ List a grade (K-12)  
\_\_\_\_\_ High School Diploma or Equivalent  
\_\_\_\_\_ Associate Degree Degree  
\_\_\_\_\_ Trade School Certificate Trade  
\_\_\_\_\_ Bachelor Degree Major  
\_\_\_\_\_ Graduate/ Professional Degree Degree

### Skills and Interests

Please place an **S** by your skills and an **I** by your areas of interest.

_____ Fundraising	_____ Youth Programs
_____ Event Planning	_____ Volunteer Management
_____ Office/Administrative Projects	_____ Research/Data Collection
_____ Creating Maps using GIS	_____ Land Stewardship
_____ Public Speaking	_____ Trail Building and/or Maintenance
_____ Graphic Design	_____ Creating Newsletters
_____ Grant Writing	_____ Invasive Plant Removal
_____ Public Relations	_____ Power Tool Use
_____ Membership Outreach	_____

Photography \_\_\_\_\_

Scrapbooking \_\_\_\_\_

\_\_\_\_\_ Horticulture

\_\_\_\_\_ Community Education

\_\_\_\_\_ Park

Upkeep \_\_\_\_\_

Additional Skills and Interests: \_\_\_\_\_

Are you interested in volunteering with (please check all that apply):

- ( ) Lookout Mountain Land Trust?
- ( ) Reflection Riding Arboretum & Botanical Garden?
- ( ) Tennessee River Gorge Trust?

Why are you interested in volunteering?

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How did you learn about our need for volunteers?

Newspaper       Web site

Friend             E-mail

Flier                 Other \_\_\_\_\_

Time available: Please circle the times that you would normally be available to volunteer (M=Mornings, A=Afternoons, E=Evenings).

Monday	M	A	E	Friday	M	A	E
Tuesday	M	A	E	Saturday	M	A	E
Wednesday	M	A	E	Sunday	M	A	E
Thursday	M	A	E				

How frequently would you like to volunteer?

Weekly     Monthly     Quarterly     Periodically     Only for a one-time event

Contact me when a need arises in my area of interest

Thank you for your time and interest in the Lookout Mountain Land Trust, Reflection Riding Arboretum & Botanical Garden and the Tennessee River Gorge Trust. We will contact you to discuss potential volunteer opportunities.