

ADOPT A PARK - VOLUNTEER APPLICATION

Organization Name:	
Name:	
Phone:	Email:
Street Address:	
Please indicate at which Park you would like to volunteer:	
Please describe the type of volunteer work you are interested in:	
Do you have a valid Washington State drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently certified in CPR/First Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency contact information:	
Name of person to contact:	
Phone Number:	
Is there any other pertinent information that we should know about you?	

