



Date: _____

Thank you for your interest in becoming a volunteer at Sempervirens Fund. Please fill out this questionnaire to help us better understand your interests and experience. Please submit to redwoods@sempervirens.org

PERSONAL:

Last Name: _____ First Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Preferred Contact Phone: _____ Email: _____

Parent/Guardian Name (if applicant is under 18): _____

Have you previously volunteered for Sempervirens Fund? _____

If yes, please list where and when: _____

How did you hear about Sempervirens Fund? _____

Tell us why you want to volunteer at Sempervirens Fund? _____

Are you volunteering for community service hours required for:

School Name, Religious Organization, Other: _____

Number of hours needed: _____ Deadline to complete hours: _____

INTEREST/EXPERIENCE:

Which volunteer tasks are you most interested in? Please check all boxes that apply:

- Field work (invasive plant removal, planting seedlings, trail maintenance etc.)
- Providing administrative office support (envelope stuffing, data look up and entry, donor thank you letters)
- Helping with in person events (hikes, picnics)
- Helping with tabling opportunities
- Fundraising
- Grant Writing
- Providing professional development to our staff

Check the areas in which you have experience:

- Gardening/Land Maintenance
- Marketing
- Administration
- Fundraising
- Event Coordination
- Photography and/or Videography

- Comfortable using computer software such as
 - Word
 - Excel
 - PowerPoint
 - Online search engines
 - Databases

Please share any additional experience or skills that you would like to offer Sempervirens? _____

EMPLOYMENT:

Current or Most Recent Employer (Company): _____

Does your employer have a Matching Gift program? _____

Does your employer donate to organizations where their employees volunteer? _____

AVAILABILITY

Please select the morning and/or afternoon time-slot on the days you are available to volunteer.

Monday AM PM

Friday AM PM

Tuesday AM PM
 AM PM

Saturday AM PM
 AM PM

Wednesday

Sunday

Thursday AM PM

I certify that all statements made by me on this application are true to the best of my knowledge.

Name: _____ Date: _____

Signature (Parent/Guardian if applicant is a minor): _____