



FOOTHILLS CONSERVANCY
OF NORTH CAROLINA

Volunteer Information

Date: _____

General Information

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Preferred Phone #: _____

Email Address: _____

How do you prefer to be contacted?

Phone:

Email:

If relevant:

Occupation: _____

Employer: _____

Emergency Information

Do you have any health concerns or special needs? Yes No

If yes, please specify:

In case of emergency, please notify:

Name: _____

Relationship: _____

Phone #: _____

Availability

When are you available for volunteer work?

Weekdays

Weeknights

Weekends

Seasonal

Additional availability details:

Experience, Education, and Training

Although no special skills or training are required, please feel free to list any experience, education, or training you may have that might be relevant to potential volunteer activities preformed for FCNC.

Education or job training:

Other volunteer experiences:

Additional hobbies or skills:

FCNC Membership Information

Are you currently a member of FCNC? Yes No

If not, how did you hear about FCNC?

Thanks for your interest!

Please return completed form to:

Foothills Conservancy of North Carolina, P.O. Box 3023, Morganton, NC 28680

Prefer to email? info@foothillsconservancy.org

Prefer to FAX? 828.437.9912

Questions? Call 828.437.9930 or email: info@foothillsconservancy.org