



**THANK YOU FOR YOUR INTEREST IN VOLUNTEERING AT THE MISSION TRAILS REGIONAL PARK VISITOR CENTER.**

In this role, you will have the opportunity to engage with nature enthusiasts from all over the world, and provide information about Mission Trails' recreational and educational offerings to enrich their experience of the park. Training will be provided. For other volunteer opportunities at Mission Trails Regional Park, please visit [www.mtrp.org/volunteer](http://www.mtrp.org/volunteer).

**PERSONAL INFORMATION**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PERSON TO CONTACT IN CASE OF EMERGENCY**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

**EXPERIENCE | SKILLS | CERTIFICATES | CERTIFICATIONS**

Please describe your education, employment and volunteer background/experiences that you feel may be helpful as an MTRP Visitor Center volunteer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL SKILLS | CERTIFICATES | AREAS OF STUDY**

Languages (spoken or written) \_\_\_\_\_

Hobbies/Interests \_\_\_\_\_

\_\_\_\_\_

What inspired you to become a volunteer at the MTRP Visitor and Interpretive Center?

\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL SKILLS | CERTIFICATES | AREAS OF STUDY** *(continued)*

What do you hope to learn and contribute?

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Please list any physical or health restrictions that might impact your volunteer service.

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**SCHEDULE AVAILABILITY**

Desired start date \_\_\_\_\_

Please note your shift preference:

Morning (8:45AM – 1PM)    Afternoon (1PM – 5:15PM)

Weekday    Weekend

If weekday, what is your preferred day(s)?    Monday    Tuesday    Wednesday    Thursday    Friday

If weekend, please indicate day preference:    Saturday    Sunday

How many shifts are you able to volunteer monthly? \_\_\_\_\_

**REFERENCES**

Please list two references, noting if related to past volunteer service.

NAME \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

NAME \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

How did you hear about this volunteer opportunity? \_\_\_\_\_

I understand that as a volunteer I am representing the Mission Trails Regional Park Foundation and will adhere to the Foundation's volunteer policies.

For more information, please email [volunteer@mtrp.org](mailto:volunteer@mtrp.org) or call the MTRP Foundation at 619-668-3281.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Start Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_