



SAN FRANCISCO PARKS TRUST

Volunteer Application

Name _____ Nickname (if any) _____

Address (city, state, zip) _____

Daytime phone _____ Evening phone _____

Email _____ Fax _____

Have you volunteered before? Y N If so, where? _____

Special skills:

Which type of position would you prefer? Please check all that apply:

Done-in-a-day:

- Project ReCreation Work Crew Member (painting, planting, clean-up, repair)
- One-time Projects (Special Events, Plant Sales)
- Office Support

On-going:

- Golden Gate Park Tour Guide
- Interpretive Guide - *Conservatory of Flowers*
- Jungle Guide (Children's Docent) - *Conservatory of Flowers*
- Greeter - *Conservatory of Flowers* (can be seated/ use walker/ wheelchair)
- Weekly Office Support/Special Projects
- Other - *Please Describe:* _____

Are you currently a Member of San Francisco Parks Trust (*formerly Friends of Recreation & Parks*)? Y N

Days of the week you would prefer to work. Please check all days/times that apply:

| Times you prefer: | Morning | Afternoon | Evening |
|-------------------|--------------------------|--------------------------|--------------------------|
| Monday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wednesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thursday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Saturday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sunday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How did you hear about this volunteer opportunity? _____

Thank you!

Please return this form by mail to Michele Canning, Volunteer Manager
San Francisco Parks Trust
McLaren Lodge in Golden Gate Park
501 Stanyan Street, San Francisco, CA 94117

Or by email to michele@sfmt.org, or by fax to: 415.221.5996
Once your application has been reviewed, we will contact you.