

# Western National Parks Association

## VOLUNTEER APPLICATION WESTERN NATIONAL PARKS ASSOCIATION 12880 North Vistoso Village Drive, Tucson, Arizona 85737 Phone: (520) 622-1999 Fax: (520) 623-9519

Western National Parks Association (WNPA) was founded in 1938 to aid and promote the educational and scientific activities of the National Park Service. As a non-profit organization authorized by Congress, it makes interpretive material available to park visitors by sale or free distribution. All net proceeds support the interpretive and research programs of the National Park Service. WNPA operates outlets in Arizona, California, Colorado, Kansas, Montana, Nevada, New Mexico, Oklahoma, Texas, Utah and Wyoming.

### PERSONAL DATA – PLEASE TYPE OR PRINT IN INK

LAST NAME		FIRST NAME		MIDDLE NAME	DATE
PRESENT STREET ADDRESS					HOME TELEPHONE NUMBER
CITY		STATE		ZIP	
PERMANENT ADDRESS (IF DIFFERENT THAN ABOVE)					ALTERNATE TELEPHONE NUMBER
CITY		STATE		ZIP	
EMAIL ADDRESS					
HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, FOR WHAT LOCATION AND POSITION?		WHEN DID YOU APPLY?
HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, LOCATION AND POSITION		DATES FROM TO
DO ANY OF YOUR FRIENDS OR RELATIVES CURRENTLY WORK FOR WNPA OR THE NATIONAL PARK SERVICE? IF YES, LIST NAME(S), RELTATIONSHIP(S) AND LOCATION(S) BELOW.					<input type="checkbox"/> YES <input type="checkbox"/> NO

### SITE AND SCHEDULE PREFERENCE

PLEASE LIST YOUR PREFERRED WNPA SITE WHERE YOU WOULD LIKE TO VOLUNTEER:						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
___AM TO ___PM	___AM TO ___PM	___AM TO ___PM	___AM TO ___PM	___AM TO ___PM	___AM TO ___PM	___AM TO ___PM
FOR HOW MANY MONTHS COULD YOU COMMIT TO WORK IN A VOLUNTEER POSITION?						

### EDUCATIONAL BACKGROUND

	NAME OF SCHOOL AND LOCATION	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA DEGREE
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE PROFESSIONAL				
OTHER (SPECIFY)				

### PROFICIENCIES

LIST COMPUTERS AND SOFTWARE YOU HAVE USED AND YOUR LEVEL OF EXPERIENCE.
SOME CUSTOMERS SPEAK LANGUAGES OTHER THAN ENGLISH. LIST FOREIGN LANGUAGES YOU SPEAK, READ AND/OR WRITE & YOUR LEVEL OF PROFICIENCY.

**EMPLOYMENT/VOLUNTEER HISTORY – Begin with the most recent.**

EMPLOYER	DATE EMPLOYED FROM:	DATE EMPLOYED TO:
YOUR JOB TITLE		
RESPONSIBILITIES		

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RESPONSIBILITIES		

EMPLOYER	DATE EMPLOYED FROM:	DATE EMPLOYED TO:
YOUR JOB TITLE		
RESPONSIBILITIES		

**REFERENCES – List persons who have knowledge of your abilities, skills or work experience. Do not include relatives.**

FULL NAME	COMPLETE ADDRESS
HOW DO YOU KNOW THIS PERSON & HOW LONG HAVE YOU BEEN ACQUAINTED?	TELEPHONE NUMBER
FULL NAME	COMPLETE ADDRESS
HOW DO YOU KNOW THIS PERSON & HOW LONG HAVE YOU BEEN ACQUAINTED?	TELEPHONE NUMBER

**ADDITIONAL INFORMATION**

WHAT KIND OF WORK, IN GENERAL, WOULD YOU LIKE TO DO AS A VOLUNTEER?
PLEASE LIST ANY SKILLS AND ABILITIES YOU HAVE THAT MIGHT BE APPLICABLE IN A VOLUNTEER POSITION.
WHAT ARE SOME OF YOUR OBJECTIVES FOR VOLUNTEERING AT WNPA?
OTHER COMMENTS.

**STATEMENT**

I authorize Western National Parks Association (WNPA) and/or its agents to verify any information including, but not limited to, employment history, education and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for disclosing this information. I also understand that the use of illegal drugs is prohibited while volunteering. I understand that during my participation with WNPA as a volunteer, that I may be exposed to a variety of hazards and risks, foreseen or unforeseen, which cannot be eliminated in their entirety. Understanding and fully appreciating all possible risks, I hereby expressly, voluntarily, and willingly assume all risks and agree to hold WNPA harmless for any injury(s), loss or damages which I might sustain during the course of my volunteer duties. Furthermore, I agree to use my personal medical insurance as primary medical coverage for payment, if an injury or illness occurs. My signature below indicates that I understand all statements in this application.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE