



PARK VOLUNTEER APPLICATION

Park Management Division
Parks & Recreation Department
City of Albuquerque
P.O. Box 21037
Albuquerque, NM 87154-1037
(505) 857-8657

Mayor Timothy M. Keller

Date: _____

Council District: _____

Name: _____ Age : _____ DOB: _____

Address/Quadrant: _____ Phone/Day: _____

City/State/Zip Code: _____ Work Phone (optional): _____

Emergency Contact: _____ Phone: _____

Email Address: _____

How did you hear about the Park Volunteer Program? _____

What do you hope to accomplish as a volunteer?

Name of Neighborhood Association that you are a member of: _____

Park(s) You Visit Most Often:

We will be expanding the Park Volunteer Program to other areas in the future. Please indicate which volunteer opportunities interest you at this time:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Field Naturalist | <input type="checkbox"/> Program Leader | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Fund Raiser | <input type="checkbox"/> Researcher | <i>(Specify)</i> |
| <input type="checkbox"/> Gardener | <input type="checkbox"/> Resource Naturalist | |
| <input type="checkbox"/> Handyperson | <input type="checkbox"/> Writer/Editor | |

Educational Background: _____

Current Occupation: _____

Skills, Hobbies & Interests: _____

KNOWLEDGE

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> American History | <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Archaeology | <input type="checkbox"/> Geology | <i>(Specify)</i> |
| <input type="checkbox"/> Birds | <input type="checkbox"/> Horticulture | |
| <input type="checkbox"/> Ecology | <input type="checkbox"/> Integrated Pest Management | |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Local History | |
| <input type="checkbox"/> Forestry | <input type="checkbox"/> Native Plants/Wildflowers | |

Special Remarks or Concerns: _____