



QUINTA MAZATLAN

McAllen Wing of the World Birding Center



VOLUNTEER APPLICATION

Name:	Date:
Street Address:	Home Phone:
City/State/Zip:	Cell Phone:
Email:	Are you 18 or older? Y N

AVAILABILITY *Exact schedules to be set with staff supervisor after training*

Long-term: _____ Short-term: _____ Special Project: _____ Internship for Credit: _____

1. Check the box for the time period(s) in the day(s) you prefer
2. Indicate the number of hours per day you might volunteer

Min. hours per week: _____
Max. hours per week: _____

	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
	X	# Hours	X	# Hours	X	# Hours	X	# Hours	X	# Hours	X	# Hours	X	# Hours
Morning														
Afternoon														
Evening														

Are there any physical conditions to be taken into consideration in arranging your volunteer help? Y N
If "Yes", please explain:

SKILLS AND INTERESTS

Volunteer Position(s) Interested in (check all that apply and elaborate if possible):	
Docent (History or Nature Walks):	Trail Maintenance:
Speaker:	Bird Feeding Stations:
Special Events:	Gardening:
Creative Materials Development:	Bird Data/Citizen Science:
Marketing/PR:	Other:

SKILLS AND INTERESTS (CONTINUED)

Current / Previous work or occupation:
Hobbies, interests, skills:
Special training certificates:
Who or what prompted you to volunteer:

EDUCATION

Circle or indicate education level of completion:

Grade School	4	5	6	7	8	High School	9	10	11	12	or	GED
College Years	1	2	3	4	5	Beyond:						
Degree(s) in:						Degree(s) in:						

VOLUNTEER CREDIT

If applying for an internship for academic credit:

Institution:	Course or Degree:
Academic Advisor:	Hours Required:
Contact Information:	Start and End Dates:

If applying to meet community service obligations:

Institution:	
Service Advisor:	Hours Required:
Contact Information:	Start and End Dates:

I understand that I am not an employee of Quinta Mazatlan, and that any duties that I perform are as a volunteer. I agree to abide by the procedures set forth by Quinta Mazatlan for my assigned work duties.

Signature:	Date:
Parent/Guardian (if under 18 years of age):	