The Wyland Foundation volunteers are dedicated people who contribute to raising awareness about clean water and healthy oceans.

**Volunteer Interest Form for Minors**

*Wyland Foundation volunteers are dedicated people who contribute to raising awareness about clean water and healthy oceans! Please email your form to info@wylandfoundation.org with a subject line of “WYFO Volunteer”*

First Name: ________________________ Last Name: ________________________ Nickname __________

Address: ___________________________ City: ___________________________ State: ___ Zip: _________

Date of Birth: __________/________/____________ (Month) (Day) (Year)

Primary Phone: (______)________-_________ (Circle one): Home Cell Work

Secondary Phone: (______)________-_________ (Circle one): Home Cell Work

Email Address: ________________________________ Instagram/Facebook handle________________

Preferred Method of Communication (Please check one):

☐ Email

☐ Primary

☐ Secondary Phone

I am interested in volunteering in the following activities

(Please check all that apply):

☐ Administrative/Marketing/Operations

☐ Community Events/Festivals

☐ Grant Writing/Grant Research/Fundraising

☐ Virtual Volunteering (online research projects and other tasks as needed)

☐ Social Networking (Facebook, Instagram)

☐ Art & Science “Clean Water Mural”

☐ Advocacy & Community Outreach

☐ School/Classroom presentations

☐ Other: ______________________________
I would like to volunteer for an:

- [ ] On-going, regular commitment
- [ ] As-needed basis
- [ ] One-time opportunity

List your specific days/times of the week and/or general availability:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Tell us a little bit about yourself and why you would like to help. Describe any skills, strength, and experience you have:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

To ensure you have a pleasant volunteer experience, please list any special health considerations that need to be taken into account:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

- [ ] Check this box if you will be volunteering for High School or College community service/volunteer hours

Parent/Guardian Signature: ________________________ Parent/Guardian Phone: (___)____ - ________

Minor Signature: ________________________________

*If you are under 18 this form must be co-signed by a parent or guardian