



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):

- | | |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Administrative/Marketing/Operations | <input type="checkbox"/> Social Networking (Facebook, Instagram) |
| <input type="checkbox"/> Community Events/Festivals | <input type="checkbox"/> Art & Science "Clean Water Mural" |
| <input type="checkbox"/> Grant Writing/Grant Research/Fundraising | <input type="checkbox"/> Advocacy & Community Outreach |
| <input type="checkbox"/> Virtual Volunteering (<i>online research projects and other tasks as needed</i>) | <input type="checkbox"/> School/Classroom presentations |
| | <input type="checkbox"/> 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