



Stony Kill Foundation, Inc.
 79 Farmstead Lane
 Wappingers Falls, NY 12590
 845-831-3800 foundation@stonykill.org

VOLUNTEER APPLICATION

Full Legal Name _____

Address _____

Home _____ Cell _____

Email _____

Emergency Name & # _____

Are you under the age of 18? _____ If yes, date of birth: _____

Current/Past Occupations _____

Are you volunteering with a group? _____ If so, who? _____

How did you find us? Website Friend/Family Newspaper Event Other _____

I AM INTERESTED IN VOLUNTEERING: (please check all that apply)

- | | |
|--|--|
| _____ As a Barn Guide | _____ As a photographer at events |
| _____ At Events | _____ To bake for events |
| _____ To work in the greenhouse | _____ To do historical research |
| _____ To help maintain trails | _____ To instruct a program |
| _____ To work in the Verplanck Garden | _____ To assist with a class/summer camp |
| _____ To maintain our beehives (must be a
Bee Association member) | _____ To be a Counselor in Training for camp |
| _____ To restore Verplanck Tenant House | _____ To do maintenance or landscaping |
| _____ As a musician at events | _____ To write grants |
| | _____ To fundraise |

Have a special skill/talent? _____

Date _____ Signature _____

Parent signature if under the age of 18: _____