



# Syracuse Parks CONSERVANCY

Sunnycrest Park Association • 212 Melrose Ave Syracuse, NY 13206  
www.sunnycrestparkassociation.com • sunnycrestparks@aol.com

## Volunteer Application

Thank you for your interest in volunteering for the Syracuse Parks Conservancy (SPC). We appreciate you wanting to get involved. Please answer all questions as thoroughly as possible. We will review your application and contact you within the near future. We look forward to your volunteer services with us.

(Please Print – Thank You)

Mr., Mrs., Ms. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you 18 years of age or older? \_\_\_ Yes \_\_\_ No

If **NO**, a Parent or Legal Guardian must give permission before you can volunteer. The exception to this rule is if you are part of a school service project. Your school must contact SPC to inform us first.

Did anyone refer you to volunteering with the SPC? Please check all that apply:

Family \_\_\_ Professional \_\_\_ Friend \_\_\_ School \_\_\_ Other \_\_\_\_\_

What volunteer opportunities are you interested in? Please check ALL that apply to you.

Park Clean-up \_\_\_ Park Planting \_\_\_ Park Repair \_\_\_ Park Maintenance \_\_\_  
Marketing \_\_\_ Fundraising \_\_\_ Public Relations \_\_\_ Advocacy \_\_\_ Education \_\_\_ Tour Guide \_\_\_  
Special Events \_\_\_ Research \_\_\_ Committee Work \_\_\_ Website \_\_\_  
Other (Please describe) \_\_\_\_\_

Time available: Mornings \_\_\_ Afternoons \_\_\_ Evenings \_\_\_ Weekends \_\_\_ Special Events \_\_\_

Please list days/hours you are available: \_\_\_\_\_

When can you begin? \_\_\_\_\_

Is there a particular park you are most interested in working at? \_\_\_\_\_

Would you be willing to volunteer in any park where help is needed? Yes \_\_\_ No \_\_\_ Maybe \_\_\_

Are you currently a member of a Park Association or Neighborhood Watch Group? Is YES, please tell us which one \_\_\_\_\_

Are you interested in forming a Park Association? Yes \_\_\_ No \_\_\_ Maybe \_\_\_

Name of Park \_\_\_\_\_



*Syracuse Parks*  
**CONSERVANCY**

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**Please list any special skills, talents, hobbies, courses taken, certifications, or licenses held that could help the parks**

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**Do you own any tools that could help with parks clean-up, maintenance or repair? Is YES, and you are willing to use them while volunteering in the parks, please describe what tools you have available:**

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**Please tell us why you would like to volunteer with SPC?**

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**Emergency Contact Information (Must list for under 18):**

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Filling out this application DOES NOT automatically mean that you will become a volunteer with the Syracuse Parks Conservancy. The Syracuse Parks Conservancy reserves the right to first review all applications to deem if they are appropriate and how you might best help the organization and city parks.**

**I agree not to hold the Syracuse Parks Conservancy and City of Syracuse liable for any injuries, accidents or incidents that may occur while acting as a volunteer for the organization. I also understand that I will not be monetarily compensated for volunteer work nor receive any special favors.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_