

Volunteer Application

Great Swamp Outdoor Education Center

Name: _____

Address: _____

Email: _____

Phone Numbers: Home: _____ Work: _____

Cell: _____

Emergency Contact: Name: _____ Relationship: _____

Phone Number: _____

Allergies: _____

Medical Issues: _____

Current Medications: _____

Medical Insurance Information:

Company Name: _____ Policy Number: _____

Related Experience: _____

If applying to be a weekend greeter or teaching assistant:

Personal reference: Name: _____

Phone number: _____

Please send completed application to:

Jen Brine, Volunteer Coordinator

Great Swamp OEC

247 Southern Blvd.

Chatham, NJ 07928