



Glenroy Preserve VOLUNTEER INTEREST FORM



CONTACT INFORMATION

Name: _____

Address: _____

Email: _____ Phone: _____

List any preference to type of projects or particular skills:

Painting-Construction Related

Painting-Artistic/Design Related

Carpentry

Electrical

Plumbing

Landscaping

Medical Treatment: I have/my child has the following medical conditions or health restrictions that Glenroy Preserve should be aware of (including but not limited to allergies, asthma, bee stings, etc):

By submitting this form, I authorize the Oxford Area Foundation and Glenroy Preserve to keep my information on file and contact me (either by phone, email, or mail) regarding future volunteer opportunities.

A parent or responsible adult is required to accompany and supervise any participant under the age of 18 at all times.

Once completed, please email form to chelsea@oxfordareafoundation.org or mail to Chelsea Hughes, PO Box 341, Oxford, PA 19363.