



Scouting Award Projects Registration Form

Date:	Park Location:
Name:	Preferred first name:
Address:	Phone:
City/Zip Code:	Email address:
Troop Number:	Scout Master (leader) Name:
Scout Master (leader) Address:	Scout Master (leader) Phone:
Scout Master (leader) City/Zip code:	Current grade level:
Preferred project:	
How many volunteers will you involve in this project?	
INTEREST Why are you interested in this volunteer project?	
What do you hope to gain as a volunteer for the Park District?	
EXPERIENCES Please describe any experiences/employment/training that might relate to the volunteer project that you are interested in (this may include scouting experiences, hobbies, club memberships, classes, volunteer work, etc.).	
EMERGENCY CONTACT	
Name:	Relationship:
Home Phone:	Work phone:
Parent/Guardian Signature:	Date:

Three Rivers Park District Volunteer Office
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www.ThreeRiversParks.org/volunteer