

CORKSCREW SWAMP SANCTUARY & BLAIR Audubon CENTER

Volunteer Application

PLEASE COMPLETE THIS APPLICATION IN ITS ENTIRETY AND SEND TO:

Volunteer Program
Corkscrew Swamp Sanctuary
National Audubon Society
375 Sanctuary Road West
Naples, FL 34120

For Office Use Only:

Volunteer Anniversary Date: _____
Orientation _____ Basic Training _____
Background Check ___ RSVP? Yes No
Hrs sheet _____ Name tag _____
DB ___ EM ___ S/D ___
Name given to _____ for placement.

NAME _____ DATE _____

NICKNAME _____ PHONE _____

LOCAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

BIRTHDAY (Month and Day) _____

Please circle the months of the year at this address:

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

OTHER ADDRESS _____

CITY _____ STATE _____ ZIP _____

ALT. E-MAIL ADDRESS _____ PHONE _____

Please circle the months of the year at this address:

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

PLEASE CIRCLE THE DAYS AND TIMES YOU ARE **NOT** AVAILABLE FOR VOLUNTEERING:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday
AM PM AM PM AM PM AM PM AM PM AM PM AM PM

HOW OFTEN WOULD YOU LIKE TO VOLUNTEER?

I WOULD LIKE TO VOLUNTEER AT CORKSCREW SWAMP BECAUSE:

DESCRIBE HOW WELL YOU KNOW THE ECOLOGY OF THIS AREA:

DESCRIBE ANY RELEVANT EXPERIENCE (school, work or volunteer):

PLEASE LIST ANY SPECIAL SKILLS (ex. foreign language, drawing, photography, computers, carpentry. etc.):

SKILLS YOU WOULD LIKE TO DEVELOP:

PLEASE MARK ASSIGNMENTS(S) THAT ARE OF POSSIBLE INTEREST:

- | | | |
|--|---|--|
| <input type="checkbox"/> Adult Education Provider | <input type="checkbox"/> Membership & Information Desk | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Youth Education Provider | <input type="checkbox"/> Truck Driver for Edu Programs | <input type="checkbox"/> Library Assistant |
| <input type="checkbox"/> Outreach Speaker | <input type="checkbox"/> Butterfly & Native Plant Gardens | <input type="checkbox"/> Office Assistant |
| <input type="checkbox"/> Natural Resource Management | <input type="checkbox"/> Christmas Bird Count | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Boardwalk Upkeep | <input type="checkbox"/> Monthly Bird Census | <input type="checkbox"/> Environmental Policy |
| <input type="checkbox"/> Boardwalk Day Captain | <input type="checkbox"/> Butterfly Census | <input type="checkbox"/> Electrician/ Plumbing |
| <input type="checkbox"/> Boardwalk Naturalist | <input type="checkbox"/> Educational Seminar Coordinator | <input type="checkbox"/> General Maintenance |
| <input type="checkbox"/> Boardwalk Check at closing | <input type="checkbox"/> Automobile and Engine Repair | <input type="checkbox"/> Computer Projects |

OTHER AREA(S) OF INTEREST:

DO YOU HAVE ANY LIMITATIONS YOU WISH US TO CONSIDER WHEN PLACING YOU?

Signature

Date

Signature of parent or guardian

Date

(Required for volunteers under 18 years old)



Corkscrew Swamp Sanctuary Volunteer Program

Volunteer Commitment

Audubon greatly appreciates its volunteers and expects them to act in a manner consistent with Audubon's rules and values. Therefore, volunteers are required to agree to the following Audubon rules prior to receiving any assignment.

The Volunteer Agrees:

- To authorize an independent, confidential criminal background check (if over 18).
- To satisfy orientation, training, and job requirements.
- To work agreed-upon, scheduled hours or to complete an agreed-upon project.
- To be prompt and reliable in reporting for scheduled work times.
- To notify the Volunteer Director or supervising Staff Member as early as possible if unable to work as scheduled.
- To accurately record hours worked in the designated manner.
- To wear a uniform and abide by the dress code when working with visitors or other audiences, as outlined in the Volunteer Manual.
- To be evaluated annually.
- To comply with all Audubon rules, procedures, and/or policies.
- To respect the principle of confidentiality and adhere to the same ethical standards expected of all Audubon Staff.
- To consult with the Volunteer Director before assuming any volunteer responsibilities.
- To accept Audubon's right to counsel or terminate the relationship.
- To work within the guidelines of the assigned department in a professional and positive manner.

I acknowledge that my services as an Audubon volunteer are at-will and can be terminated by me or Audubon at any time.

Volunteer Name (print clearly) _____

Volunteer Signature _____ Date _____

Volunteer Director Name _____

Volunteer Director Signature _____ Date _____

Volunteer/Participant Medical Information Form

Name: _____ Age: (if under 18) _____

Address: _____

Physician: _____ Phone: _____

In case of emergency, I'd prefer to be taken to:
[] Nearest hospital [] _____

Please list any allergies:

Please list any medications you are currently using:

Please describe any medical conditions we should know about (e.g., epilepsy, asthma, etc.)

Please describe any other conditions you think we should know about (e.g., fear of heights):

Please list three people we can contact in case of an emergency:

Name: _____	Ph: _____
Name: _____	Ph: _____
Name: _____	Ph: _____

I hereby give permission to the medical personnel selected by _____ to order x-rays, routine tests, or treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation.

Signature _____ Date _____

Signature of Parent or Guardian _____ Date _____

LIABILITY RELEASE FOR CHILD'S PARTICIPATION IN PROGRAM

Child's Name: _____
Program: Volunteer Program

Date of Birth: _____
Site: Corkscrew Swamp Sanctuary

As the parent and/or legal guardian of the child named above, I wish for my child to participate in National Audubon Society, Inc.'s ("Audubon") program identified above, which may include indoor and outdoor assignments. I understand that there are possible dangers associated with the Program, including but not limited to, heat, humidity, biting insects, and other wildlife.

I understand that my child's participation in the Program may involve sustained physical activity. My child is in good health and I am aware of no physical problem or condition that will limit or interfere with my child's ability to participate in the Program.

I agree that my child is participating in the Program at my own risk, and acknowledge that Audubon has made no warranty or representation, expressed or implied, regarding the safety of conducting the Program.

I expressly release and hold harmless Audubon and its officers, directors, employees, and agents from and for any and all claims, demands, actions and causes of action whatsoever on account of any loss, damage or injury to person or to property suffered or incurred by my child, except by Audubon's negligence, in connection with the Program or any aspect of it, including, but not limited to, any transportation arranged by, paid for, or provided by Audubon.

This release shall be binding upon me and my heirs, next of kin, executors, administrators and assigns. By signing below, I acknowledge that I have thoroughly read and understand this form and that the statements I have made are all true.

Parent/Guardian Signature: _____

Print Name: _____

Address: _____

Date: _____