

CORKSCREW SWAMP  **Audubon**
 SANCTUARY & BLAIR **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



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 Coordinator Name

Volunteer Coordinator Signature _____

RELEASE OF LIABILITY BY AN ADULT VOLUNTEER

Site: Corkscrew Swamp Sanctuary

In consideration of my participation in the National Audubon Society, Inc., (“Audubon”) volunteer activities at the above-described site, I state and agree as follows:

I agree to follow the instruction of employees at the sight named above. I understand that my participation in volunteer activities may involve sustained strenuous physical activity and exposure to certain risks, including but not limited to heat, humidity, biting insects, and other wildlife. I am in good health and am aware of no physical problem or condition which will limit or interfere with my ability to participate in chosen activities. I also understand that medical attention may not be readily available.

I agree that I am participating in the volunteer activity at my own risk, and acknowledge that Audubon has made no warranty or representation, expressed or implied, regarding the safety of conducting this activity at this site.

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 me, except by Audubon’s negligence, in connection with any aspect of volunteer activities in connection with this site, 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.

Participant’s Name (print)

Signature of Participant

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