



## Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (home) \_\_\_\_\_

(cell) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Birth date: \_\_\_\_\_

Educational background: \_\_\_\_\_

Are you currently attending school? Which one? \_\_\_\_\_

Special Certifications: \_\_\_\_\_

Do you have an interest working with children, any experience? \_\_\_\_\_

Current/past occupation/employer: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

How did you hear about us? (Online, school, previous visit): \_\_\_\_\_

Have you ever been convicted of or plead guilty to any felony or violent misdemeanor ☐ Yes or ☐ No (please check one)

Please give two references whom we may contact:

1. \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Office Use Only:

Application received: \_\_\_\_\_

Date Interviewed: \_\_\_\_\_

Folder Established: \_\_\_\_\_

Fingerprinted: \_\_\_\_\_

Badge received: \_\_\_\_\_

Waivers signed: \_\_\_\_\_

Additional Info: \_\_\_\_\_

Availability: When are you available for assignments?

\_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_ Monday

\_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_ Tuesday

\_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_ Wednesday

\_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_ Thursday

\_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_ Friday

What areas are you interested in volunteering?

\_\_\_\_ Education

\_\_\_\_ Special Events

\_\_\_\_ Horticulture

\_\_\_\_ Wildlife

Please check the areas that you have experience:

<input type="checkbox"/>	Acting/Storytelling	<input type="checkbox"/>	Arts/Crafts	<input type="checkbox"/>	Computer/Office	<input type="checkbox"/>	Construction/Carpentry	<input type="checkbox"/>	Educator/Teaching Aide
<input type="checkbox"/>	Event Planning /Setup	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Grant Writing /Fundraising	<input type="checkbox"/>	Graphic Design /Web Design	<input type="checkbox"/>	Musical Performance
<input type="checkbox"/>	Maintenance /Repairs	<input type="checkbox"/>	Outdoor Cooking	<input type="checkbox"/>	Photography	<input type="checkbox"/>	Boy Scouts/Girl Scouts	<input type="checkbox"/>	Sewing
<input type="checkbox"/>	Silent Auction	<input type="checkbox"/>	Trail Maintenance	<input type="checkbox"/>	Videography	<input type="checkbox"/>	Writing Articles/Blogs	<input type="checkbox"/>	Wildlife Care/Training

Additional comments or skills: \_\_\_\_\_

### Expectations

Thank you for completing this application form and for your interest in volunteering with us. Volunteers at the E.O. Wilson Biophilia Center should be outgoing, energetic individuals who work well with others. It is our goal to help students and the public find their own biophilia.

### Policies, Waivers and Releases

As a result of our agreement with local school districts, volunteers who will be working during student hours must be fingerprinted and level 2 screened.

It is the policy of Nokuse Educations, Inc. to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

I understand that I will be volunteering at my own risk and that the Center, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the Center. I release and discharge Nokuse Education, Inc., its' agents and sponsors from any claim whatsoever which may arise on account of any first aid treatment or service rendered in connection with my work.

I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

I give Nokuse Education, Inc. permission to use any photographs, audio recordings, and/or voice recordings taken of me and convey to Nokuse Education, Inc. any benefits derived from photographs or recording depicting my work at Nokuse Education, Inc.

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_