

Section 1—VOLUNTEER INFORMATION

Name: _____

Date of Birth: _____ Phone #: _____
*Attach proof of age if volunteer is under the age of 18*Home Address: _____
Street City State ZipMailing Address (if different than above): _____
Street City State ZipHave you ever pleaded "nolo contendere" (no contest) to or been convicted or found guilty (even if adjudication withheld) of a first degree misdemeanor or a felony? Yes* No

*If yes, please list the date: _____

Offense and disposition (please explain fully): _____

As a volunteer, I agree to abide by all applicable rules and regulations of the University of Florida and guidelines of this unit and to fulfill the volunteer responsibilities to the best of my ability. I understand that I will receive no monetary benefits in return for the volunteer service I provide and that the university may terminate this agreement at any time without prior notice.

Volunteer's Signature: _____ **Date:** _____

As the parent/guardian of _____, I grant my permission for him/her to participate as an unpaid volunteer for the University of Florida. I further acknowledge that I have completed the Authorization for Treatment form on his/her behalf.

Parent/guardian: _____
Print name Signature Date**Section 2—TO BE COMPLETED BY THE SUPERVISOR**

Department where volunteer will work: _____

Supervisor responsible for volunteer's work: _____
Name and title

Supervisor's phone #: _____

Please describe the work the volunteer is expected to perform:

Volunteer's qualifications to perform this work: _____

Volunteer work will begin _____ and end _____

Volunteer's references: _____

Name Relationship to volunteer Phone #

Name Relationship to volunteer Phone #

Supervisor's Signature: _____ **Date:** _____



VOLUNTEER APPLICATION

NAME:		DATE:	
DATE OF BIRTH:			

CONTACT INFORMATION

PHONE NUMBER (HOME)	
PHONE NUMBER (CELL)	
EMAIL ADDRESS	
STREET ADDRESS	
CITY / STATE	
ZIP CODE	
CITY & STATE FOR PAST 7 YEARS (if different than above)	

EMERGENCY CONTACT

NAME	
RELATIONSHIP	
PHONE NUMBER(S)	

AVAILABILITY (Make an "X" in the boxes to indicate availability)

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
9am-1pm							
1pm-5pm							

LIST MONTHS THAT YOU ARE NOT AVAILABLE:	
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INTERESTS (Make an "X" in the boxes to indicate availability, add a * to indicate your top *interest*)

	EDUCATION PROGRAMS FOR CHILDREN (Day at Whitney, Travel Zoo, Camps, etc.)
	PROGRAM SUPPLY PREP/UP-KEEP (Clean, repair, or build supplies and/or field equipment)
	COMMUNITY EVENTS (Represent Whitney Lab at off-site community events for general public)
	COMMUNITY MARKETING (Deliver flyers, brochures, posters, etc..)
	ANIMAL HUSBANDRY (Help care for marine animals – clean tanks, feed, etc.)
	SPECIAL EVENTS ON-SITE (Help set up/tear-down, serve food, greet visitors, registration, etc.)
	OFFICE/CLERICAL (Making copies, filing, stapling, answering phone, etc.)
	RESEARCH (Assist scientific staff and students with their work)
	SEA TURTLE HOSPITAL (Feeding, laundry, food prep, tank cleaning, etc.)

How did you hear about us, please be as specific as possible: _____

MEDICAL CONDITIONS	Condition:	Medication/Treatment:
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SKILLS / EDUCATIONAL BACKGROUND

EDUCATION (diplomas, degrees, certificates)	
SCIENCE / NATURE RELATED EXPERIENCE	
TEACHING EXPERIENCE	
CLERICAL, PUBLIC RELATIONS, OR OTHER	

REFERENCE (non-family member)

NAME / EMAIL ADDRESS	/
STREET ADDRESS	
CITY / STATE / ZIPCODE	/ /
PHONE (CELL) / (HOME)	/

- If selected as volunteer at the University of Florida’s Whitney Laboratory for Marine Bioscience (“Whitney Lab”), I agree to abide by all applicable rules and regulations of the University of Florida, state and federal law, and guidelines of this unit. I understand that I will receive no monetary benefits in return for the volunteer service I provide, and that the Whitney Lab for Marine Bioscience may terminate my volunteer service at any time.

RELEASE: In consideration for my or my child’s participation as a volunteer at the University of Florida’s Whitney Laboratory for Marine Bioscience, I hereby **RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE** the Whitney Laboratory for Marine Science, the University of Florida, the University of Florida Board of Trustees, and their respective employees, agents, representatives and volunteers (hereinafter referred to as “RELEASEES”) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained me or my child, or to any property belonging to me, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES** or otherwise, while participating as a volunteer at Whitney Lab, or while in, on or upon the premises where the volunteer services are being performed. Volunteer services may include but are not limited to the following: guiding children through science learning activities, performing husbandry tasks for endangered reptiles, measuring oysters, or recording data relating to laboratory research.

CONSENT TO MEDICAL TREATMENT, *Minors:* I hereby give permission for the staff to administer appropriate medical attention to me in the event of any accident, illness, or injury, including non-prescription medications. *Minors and Adults:* In the event of an emergency, 911 will be called. Workmen’s compensation covers medical costs related to injuries while volunteering, however I will be responsible for any and all costs of medical coverage and treatment not covered under the University of Florida’s workmen’s compensation policy.

CONSENT TO PHOTOGRAPHY: I further hereby authorize the University of Florida (“UF”) and its affiliates to photograph and/or video record me while I am volunteering, and use or distribute any picture or video related to volunteer activities that I am depicted in. I also authorize use of these materials for publication in a brochure, on the UF/Whitney Lab websites, or other promotional material. They may also be distributed to other Program participants and participating organizations, including but not limited to social media, advertisements, etc.

Name (printed): _____

Date: _____

Volunteer Signature (or Parent/Guardian for minors under 18): _____