



Florida
Oceanographic
Society

ADULT VOLUNTEER APPLICATION

890 NE Ocean Boulevard * Stuart * Florida * 34996
www.floridaoceanographic.org * (772) 225-0505

Name: _____ Date: _____

Local Address: _____

City, Zip: _____ Home Phone: _____

E-mail: _____ Cell Phone: _____

Work Phone: _____ Birthday: _____

Are you a year-round or seasonal resident of Florida? year-round seasonal*

***Current Seasonal Opportunities limited to: Plant and Oyster Restoration Projects**

*If seasonal, what months are you available? _____

Alternate Address: _____

City, State, Zip: _____

EDUCATION, WORK/VOLUNTEER EXPERIENCE, SKILLS AND INTEREST

Highest level of education: High School AA/AS BA/BS MA Other

Years of College: _____ Major(s): _____

Are you currently employed? _____ Current/Former Occupation(s): _____

Do you have volunteer experience? _____ Where did you volunteer, for how long, and what were your responsibilities? _____

What interests you in volunteering with Florida Oceanographic?: _____

Hobbies, skills, interests: _____

Please list any additional skills, languages, etc. that you feel would benefit the Center: _____

PLEASE CHECK THE TIME/TIMES YOU ARE AVAILABLE FOR EACH DAY

Monday	<input type="checkbox"/> am <input type="checkbox"/> pm	Tuesday	<input type="checkbox"/> am <input type="checkbox"/> pm	Wednesday	<input type="checkbox"/> am <input type="checkbox"/> pm	Thursday	<input type="checkbox"/> am <input type="checkbox"/> pm
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Friday	<input type="checkbox"/> am <input type="checkbox"/> pm	Saturday	<input type="checkbox"/> am <input type="checkbox"/> pm	Sunday	<input type="checkbox"/> 11:30-4:00	As Needed	<input type="checkbox"/> am <input type="checkbox"/> pm
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PREFERENCES IN VOLUNTEERING

Prefer to work with: Education Research Development/Special Events
 Admission/Gift Shop Plant Restoration and Exotic Plant Removal

Prefer to spend most of my time: walking standing sitting no preference

Prefer to work: indoors outdoors no preference

Prefer to work with: children/youth adults no preference

BACKGROUND INFORMATION

Have you ever been convicted of, had adjudication withheld, or pled guilty or nolo contendere (no contest) to a criminal offense (misdemeanor or felony)? yes no

If yes, please explain: _____

In the future, background checks may become mandatory. Are you willing to comply with a request for a criminal background check? yes no

Do you have any physical and/or emotional conditions which may limit your ability to serve as a volunteer? yes no If yes, please explain: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone Number: _____

VOLUNTEER REFERRAL METHOD

How did you first hear about the volunteer program at Florida Oceanographic?

Current/Former volunteer (please print name) _____

Media (please specify) _____

Other (please specify) _____

I certify that the information contained in this application is complete and to the best of my knowledge. By signing below I understand that I am participating in a program which includes certain risks in outdoor activities. I voluntarily participate in this program and hold harmless the Florida Oceanographic Society from all responsibilities of personal injury. I hereby waive any and all claims against the Florida Oceanographic Society, its directors and employees for any damage or injuries which I may incur during my participation in this program.

Signature: _____ Date: _____

To learn more about our Center and the available volunteer opportunities, please plan to attend an information session. Call Megan Roberts at 225-0505 x106 for upcoming dates.

=====FOR OFFICE USE ONLY=====

Application received: ___/___/___
Information Session: ___/___/___
Orientation: ___/___/___
Training: ___/___/___ w/ _____
Placement as: _____
Entered: ___/___/___
Welcome Card: ___/___/___

Additional Volunteer Info:



Supplemental Registration Form for MARTIN VOLUNTEERS AND THE RETIRED AND SENIOR VOLUNTEER PROGRAM (RSVP)

Martin Volunteers is a program of United Way of Martin County

Martin Volunteers also provides a central location for tracking volunteer hours in the county. Your volunteer hours are important so we can provide more accurate reports on the level of volunteerism in Martin County.

Florida Oceanographic Society works in cooperation with **Martin Volunteers** in tracking volunteer hours. Please fill out the registration information below to make your time count in Martin County.

Name (Please print clearly!): _____ **TODAY'S DATE:** _____

Street Address: _____

City, State, ZIP: _____

Home Phone: _____ Work phone: _____ Cell phone: _____

E-mail: _____ Neighborhood/Subdivision: _____

Emergency Contact Name: _____

Relationship _____ Phone: _____

Signature of Volunteer
Martin Volunteers staff

Date

Signature of

Martin Volunteers also requires the following information to support grants and government funding:

Ethnicity: ___ American Indian or Alaskan Native ___ Native Hawaiian or Pacific Islander
 ___ Black or African American (Hispanic) ___ Black or African American (Non-Hispanic)
 ___ Asian ___ White (Hispanic) ___ White (Non-Hispanic) ___ Other

Date of birth _____ Gender: M ___ F ___

Volunteers 55 & older: Complete this information for free RSVP Supplemental Auto Accident Insurance:

Beneficiary Name: _____ Relationship: _____

Beneficiary Phone: _____ Volunteer's Driver's license # _____ State: _____

• I understand if I use my personal automobile to drive directly to and from and while participating in volunteer related activities, I will keep in effect automobile liability insurance equal to or greater than the minimum required by the state. (Please Initial here) _____

To include your hours for all other agencies with whom you volunteer, please list those agencies below: _____

I wish to receive information from Martin Volunteers and be invited to the RSVP 55 and older annual recognition luncheon: Yes No

United Way's Mission Statement: Engaging people of all ages and backgrounds in volunteer service that enriches the individual and strengthens the community.