



Florida
Oceanographic
Society

YOUTH VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____

City, Zip: _____ Home Phone: _____

E-mail: _____ Cell Phone: _____

School: _____

Grade: _____ Birthday (must be 15 or older): _____

Parent Name(s): _____ Cell Phone: _____

Do you have volunteer experience? _____

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

PLEASE CHECK ONE OR MORE AREAS OF INTEREST

EDUCATION/EXHIBITS

- Exhibit Guide - work directly with children, adults and groups of visitors
- Exhibit Guide & Game Fish Lagoon Presenter Exhibit Guide & Trail Guide
- Exhibit Guide & Ray Program Presenter Other _____

EDUCATION/SPECIAL PROGRAMS

- Group Management Seining
- Summer Camp Snorkeling

RESEARCH & SPECIAL PROJECTS

- Oyster Gardening Butterfly Garden
- Aquaculture Monofilament Recovery & Recycling Program
- Water Testing (on site & off site) Operations, Exhibit repair and Maintenance

DURING THE SCHOOL YEAR, WHEN ARE YOU AVAILABLE TO VOLUNTEER

Saturday: 9:45-1:15 1:00-5:00 or All day (with a ½ lunch break)

Sunday: 11:30-4:00

DURING SUMMER, WHEN ARE YOU AVAILABLE TO VOLUNTEER

Monday: 9:45-1:15 1:00-5:00 or All day (with a ½ lunch break)

Tuesday: 9:45-1:15 1:00-5:00 or All day (with a ½ lunch break)

Wednesday: 9:45-1:15 1:00-5:00 or All day (with a ½ lunch break)

Thursday: 9:45-1:15 1:00-5:00 or All day (with a ½ lunch break)

Friday: 9:45-1:15 1:00-5:00 or All day (with a ½ lunch break)

Saturday: 9:45-1:15 1:00-5:00 or All day (with a ½ lunch break)

Sunday: 11:30-4:00

Are there any weeks that you are not available to work during the summer? yes no

If yes, when _____

WORK EXPERIENCE, SKILLS AND INTEREST

Please list any work experience: _____

Hobbies, skills, interests: _____

PLEASE CIRCLE THE ANSWER THAT MOST ACCURATELY REFLECTS YOUR INTEREST AND ABILITY.

1) Do you enjoy working with?

Children	Not at all	Sometimes	Yes
Adults & Senior Citizens	Not at all	Sometimes	Yes
Groups of children or visiting summer camps	Not at all	Sometimes	Yes

2) How familiar are you with the following areas of our Coastal Center?

Indoor Aquariums (Habitat and Species ID)	Not at all	Somewhat	Very
Touch Tanks (Species ID)	Not at all	Somewhat	Very
Stingray Tank (Species ID and Program Information)	Not at all	Somewhat	Very
Game Fish Lagoon (Species ID and Program Information)	Not at all	Somewhat	Very
Nature Trail (Plant and Animal ID)	Not at all	Somewhat	Very

3) Which of the following programs would you be interested in learning?

Game Fish Lagoon	Not at all	Somewhat	Very
Sting Ray Program Presentation	Not at all	Somewhat	Very
Guided Nature Walk	Not at all	Somewhat	Very

4) Are you available half days (9:15-1 or 1:00-5) or full days (9-5)? Please circle below.

Half Days Full Days Vary by Day

5) Do you understand that you will be required to work both indoors and outdoors? yes no

6) Are you interested in seining with visiting groups and the public? yes no

7) Are you interested in snorkeling with visiting groups and the public? yes no

8) During your full week, are you interested in working with? (dependent upon level assignment)

Summer Camp yes no

School Groups yes no

Exhibits and Daily Programs yes no

Research yes no

Exhibit Maintenance and Repair yes no

9) Do you understand that regular cleaning/exhibit maintenance is a part of your responsibility and agree to participate in such activities? yes no

10) What size T-shirt do you wear? **Youth:** S M L XL or **Adult:** S M L XL XXL

EMERGENCY INFORMATION

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Work/Cell Phone: _____

Physician's name: _____ Phone: _____

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: _____

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

REFERRAL METHOD

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

Current/Former volunteer (please print name) _____

Media (please specify) _____

Other (please specify) _____

STAFF/VOLUNTEER EXPECTATIONS

Expectations -

FOS expects all volunteers, including interns, to:

- Be prompt and reliable in attendance and/or reporting.
- Conduct yourself in a positive, professional manner with co-workers and visitors.
- Notify the Volunteer Coordinator or Supervisor of any absence or planned vacation.
- Follow instructions and request clarification when in doubt.
- Understand that you are not in a position to speak for FOS, make statements that could be construed as FOS policy, or sign official correspondence.
- Volunteers are only permitted in the public areas of our facilities. Volunteers should not be in our life support / quarantine area unless expressly directed to do so by a staff member.
- We do not offer information to the public regarding the removal of any animal and must use discretion with regards to any direct questions.
- Accept periodic performance evaluations by the FOS staff.
- Notify the Volunteer Coordinator of any changes in personal information (i.e. address, telephone numbers, change in emergency contact etc.)
- Should you choose to discontinue your service, please schedule an exit interview with the Volunteer Coordinator. Feedback is very important to us and we strive to make the volunteer experience an enjoyable one.

Volunteers can expect FOS staff to:

- Provide the proper basic training and ongoing in-service training.
- Review and periodically discuss with the volunteer their job performance.
- Provide the necessary tools and instruction to complete their volunteer assignments.

Rights -

It is the right of each volunteer to:

- Receive adequate training, direction, support and supervision.
- Expect worthwhile volunteer assignments.

It is the right of the Volunteer Coordinator and FOS staff to:

- Expect regular and dependable attendance.
- Relieve a volunteer of his or her duties for (a) excessive absences without prior notification (b) unsatisfactory attitude, work or appearance or (c) any other circumstances which, in the judgment of the department supervisor would make continued services as a volunteer contrary to the best interests of Florida Oceanographic Society.

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: _____

Parent/Guardian Signature: _____ Date: _____