



BIOPHILIA CENTER



## Adult Volunteer Application

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ zip: \_\_\_\_\_

Email \_\_\_\_\_

Phone Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Educational Background: \_\_\_\_\_

Do you have an interest working with 4<sup>th</sup> and 7<sup>th</sup> graders? Any experience working with children? \_\_\_\_\_

\_\_\_\_\_

Volunteer and work experience: \_\_\_\_\_

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you ever been convicted of or plead guilty to any felony or violent misdemeanor? \_\_\_\_\_

Emergency Contact Name and phone number: \_\_\_\_\_

\_\_\_\_\_

Please give two references whom we may contact:

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

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

Availability: We are open from 8 am to 4:30 pm. What days and hours would you be available?

\_\_\_\_\_ to \_\_\_\_\_ Monday  
\_\_\_\_\_ to \_\_\_\_\_ Tuesday  
\_\_\_\_\_ to \_\_\_\_\_ Wednesday  
\_\_\_\_\_ to \_\_\_\_\_ Thursday  
\_\_\_\_\_ to \_\_\_\_\_ Friday

What areas are you interested in volunteering?	
_____ Education	_____ Special Events
_____ Horticulture	_____ Reptiles

Please check the areas that you have experience that we may ask for help:

_____ Arts/Crafting	_____ Computer/Office	_____ Education/Teaching aide
_____ Event Setup	_____ Fundraising	_____ Photography
_____ Writing Articles	_____ Carpentry	_____ Trail Maintenance

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 by Walton County School District which should be free of charge.

It is the policy of Nokuse Education, 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.

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