



MARINE DISCOVERY CENTER

VOLUNTEER APPLICATION

NAME _____ DATE _____

STREET _____ CITY _____ ST _____ ZIP _____

HOME PHONE _____ CELL _____

E-MAIL ADDRESS _____

PLEASE MARK YOUR AREAS OF INTEREST.

| | | | | |
|-------------|-----------------------------|-----------------------|----------------|--|
| FRONT DESK | ON THE ROAD LOCAL EVENTS | FUNDRAISING EVENTS | KAYAK SWEEP | |
| OYSTER MATS | BROCHURE DISTRIBUTION | EDUCATION | BIRD RESCUE | |

CHECK DAYS & TIMES YOU ARE AVAILABLE TO VOLUNTEER

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| MORNING | | | | | | | |
| AFTERNOON | | | | | | | |

Available all year? _____ If Seasonal when are you here? _____ Student ? _____

PLEASE TELL US ABOUT YOUR PROFESSIONAL & VOLUNTEER EXPERIENCE

WHO SHOULD WE CONTACT IN AN EMERGENCY?

NAME _____ PHONE _____ RELATIONSHIP _____

I certify that the information above is complete. By signing below, I understand that I am participating in programs that may include certain risks. I hereby waive any and all claims against the Marine Discovery Center, and all associated parties, for any damage or injuries that I may incur during my volunteerism

Signature _____ Date _____

THANK YOU FOR YOUR INTEREST IN BECOMING A VOLUNTEER FOR THE MARINE DISCOVERY CENTER. FOLLOWING YOUR INTAKE INTERVIEW, THERE WILL BE ORIENTATION & TRAINING IN THE AREA BEST SUITED TO YOUR INTERESTS.

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