



Volunteer Application

Name _____ Email Address (please print clearly) _____

Street _____ City _____ State ____ Zip Code _____

Home Phone _____ Mobile Phone _____ Date of Birth _____

PLEASE MARK YOUR AREAS OF INTEREST:

Welcome Desk: _____	Events: _____	Live Exhibits: _____
Kayak Sweep: _____	Shoreline Restoration: _____	Citizen Science: _____
Exhibit Docent: _____	Marketing: _____	
Education: _____	Physical Plant: _____	

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 and volunteer experience:

Additional Knowledge, Skills, and Abilities:

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. I also acknowledge that Marine Discovery Center will conduct any necessary background checks on me and that my signature below grants permission for them to do so.

Signature _____

Date _____

Thank you for your interest in the Marine Discovery Center.

Upon completion of our Volunteer Program (including orientation and background screening/letter of recommendation) one of our staff members will contact you. For more details, contact Traci Trusler at traci@marinediscoverycenter.org



MDC Volunteer – Medical Form

In order to provide the best possible handling of certain situations, please complete the following medical information:

1. Do you:

A) Have an allergy to insect stings:Yes____No_____

If yes, this must be discussed with program administrators before participation can begin

B) Have an allergy to penicillin or particular serums? Yes____No_____

If yes, please indicate which _____

C) Have diabetes?..... Yes ____ No_____

D) Have epilepsy? Yes____No_____

E) Have any other allergies or disabilities? Yes____No_____

If yes, please describe _____

F) Is there any other health condition that may affect your participation in any part of the program? (mental/physical limitation or condition)? Yes____No_____

If yes, please describe_____

EMERGENCY NOTIFICATION

Personal Contact

Name _____Relationship to Volunteer_____

Cell or Primary Phone #_____

Street _____City_____ State ____Zip _____

Email Address _____

Family Physician

Name _____

Phone Number _____

Comments:_____

If you cannot reach my emergency contact, I hereby authorize the Marine Discovery Center to call the physician indicated above and follow his instructions. If it is impossible to contact the physician or in an emergency situation, the Center may make whatever arrangements it deems necessary in its best judgment.

Signature of Volunteer _____ Date_____



MDC Volunteer – Expectations

Volunteers are an integral part of the operations of Marine Discovery Center. We appreciate your interest in becoming part of the MDC team. As a volunteer with our organization, you can be assured that:

- You will be treated professionally and courteously by MDC staff and other MDC volunteers
- You will be fully trained to participate in the activities for which you are volunteering
- Any complaints or concerns you have about your volunteer experience will be listened to and addressed as quickly as possible.

As a volunteer for Marine Discovery Center, you will be acting as a representative of the organization. For that reason, we ask that you:

- Conduct yourself in a professional and courteous manner at all times when working on behalf of MDC
- Read and respond appropriately to all MDC volunteer communications
- Wear the appropriate attire for your designated activities
- Honor the volunteer commitments that you make to us. This includes completing assigned tasks or arriving to events on time and notifying the appropriate staff or volunteer as soon as possible if you are unable to do so

By signing this agreement, I agree to abide by the above expectations for MDC volunteers. I understand that I as a Marine Discovery Center volunteer, I may participate in programs that may include certain risks. My signature below is acknowledgement that 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. Further, I also acknowledge that Marine Discovery Center will conduct any necessary background checks on me and that my signature below grants permission for them to do so.

Name (Please print)

Signature

Date



Marine Discovery Center, Inc.

520 Barracuda Blvd
New Smyrna Beach FL 32169
386-428-4828

ACKNOWLEDGEMENT OF UNDERSTANDING & AGREEMENT

We are pleased that you have shown a keen interest in becoming an Employee or Volunteer for the Marine Discovery Center, Inc. Education Programs. We welcome your interest. In our efforts to provide a safe and supportive atmosphere for all involved, we have developed Policies & Procedures which address Child Sexual Abuse Prevention and Workplace Sexual Harassment Prevention.

Please review the document Mitigating the Risk of Child Sexual Abuse & Workplace Sexual Harassment and complete this form acknowledging that you have received and agreed to the specified policies and procedures.

By signing this form I acknowledge that I have received, read, understand and agree to strictly comply with the Marine Discovery Center, Inc. Policies & Procedures regarding Child Sexual Abuse Prevention and Sexual Harassment Prevention. I also acknowledge and agree that the following Zero Tolerance information was included in the Employee/Volunteer Training:

- The Marine Discovery Center, Inc. has a Zero Tolerance Policy against any form of Child Sexual Abuse and Harassment, including Workplace Sexual Harassment. Employees or Volunteers who violate the MDC policy may be subject to disciplinary action, up to and including termination of employment.
Child Sexual Abuse, Harassment, and Workplace Sexual Harassment were clearly defined, and I was made aware of the Florida Statute 39.201 which mandates the reporting of any child abuse or suspicion of child abuse.
The MDC Prevention & Procedures Plan for addressing and reporting Child Sexual Abuse Prevention were provided
The MDC Prevention & Procedures Plan for addressing and reporting forms of harassment including Workplace Sexual Harassment were provided

Complete and Sign Below:

Name (Print) _____

Home Phone: _____

Address: _____

Work Phone: _____

Signature: _____

Date: _____

Parent/Guardian Signature Required for Volunteers Under the Age of 18:

Parent/Guardian Signature: _____

Date: _____



Confidentiality Policy

In performing their duties, Marine Discovery Center staff, board members and volunteers are privy to information about individuals and families, such as giving history, assets, wealth and family relationships. This is especially true for staff, board members and volunteers involved in fundraising and development activities. Due to the sensitivity of this information, it is important that all Marine Discovery Center staff, board members and volunteers adhere to the policy that information shared with them remains confidential, is not discussed with others in private or public settings and is not disclosed or used for any other purposes.

I agree to comply with this policy. Violation of this policy is grounds for discipline or removal of the offending person(s) from their position(s) with the Marine Discovery Center.

Signature: _____ Date: _____

Print Name: _____