

Volunteer Program Application

Thank you for your interest in the Marine Discovery Center Volunteer Program.

You may submit this application during attendance at our new volunteer orientation

or directly to our Volunteer Coordinator in person or via email at heather@marinediscoverycenter.org.

You must also complete a background screening requirement; learn more at MarineDiscoveryCenter.org/volunteer.



Part I – General Volunteer Information

Name: _____ Email address: _____
Please print clearly

Street: _____ City/State: _____ Zip: _____

Home phone: _____ Mobile phone: _____ Date of Birth: _____

RANK YOUR AREAS OF INTEREST | (1 = highest preference; no more than 5) *Please note that some*

*areas may have limited availability/opportunities depending on season, facility needs, etc. *Volunteers in these areas must be at least 16 years old.*

***These areas have varying age minimums depending on specific events & opportunities. Minimum age for most areas is 13.*

Welcome Center*:	----	Shoreline Restoration**:	----	Education**:	----
Events:	----	Citizen Science:	----	Summer Camp**:	----
Marketing:	----	SWAT Team:	----	Exhibits:	----
		General Maintenance:	----	Kayak Sweep*:	----

CHECK DAYS & TIMES YOU ARE AVAILABLE TO VOLUNTEER:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Notes
Morning								-----
Afternoon								-----

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

KNOWLEDGE, SKILLS, ABILITIES | From professional, volunteer, or personal experience

Sciences (Environmental/Biological):	----	Law:	----	Customer Service:	----	Boat/Kayak/Canoe:	----
Sciences (Other):	----	Accounting:	----	Event Planning:	----	Gardening/Landscape:	----
Medical:	----	Computers/IT:	----	Marketing:	----	Other:	-----
Education/Teaching:	----	Data Entry:	----	Photography/Videography:	----		-----

Additional information about your professional, volunteer, or personal experience:

List any certifications you have that could be useful (CPR/first aid, life guard, first responder, master naturalist, etc.):

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 _____

Part II – Medical Information

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

Do you:

- A) Have an allergy to insect stings:Yes____No____ Use an EpiPen? Yes____No____
- 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 asthma? Yes____No____ Use an inhaler? Yes____No____
- F) Have any other allergies or disabilities? Yes____No____
If yes, please describe _____
- G) 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 _____

Part III – 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.

Signature: _____ Date: _____

Print Name: _____

Part IV – 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.

By signing this agreement, 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: _____

Part V – 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: _____