



Environmental Discovery Center at Lynch River County Park

Volunteer Application (Please print neatly)

PERSONAL INFORMATION (*Required)

*Full Name: _____ Today's Date: _____

*Address: _____ *Gender: _____
 _____ *Race: _____
 (City) (State) (Zip Code)

*Primary Telephone Number: _____

*Email Address: _____

Emergency Contact: _____

Relationship: _____ Telephone Number: (____) _____

*Date of Birth: _____ *Social Security #: _____

*Driver's License Number: _____ Issuing State: _____

AREAS OF INTEREST

Please indicate your areas of interest (training is provided in all areas, if desired):

Education

- _____ Program presentation
(on & off mic)
- _____ Program Prep
- _____ Program Assistance

Animal Husbandry

- _____ Reptile
- _____ Amphibians
- _____ Birds (Birds of Prey)
- _____ Aquarium Cleaning/
Maintenance
- _____ Diet prep and feeding

Horticulture

- _____ Garden Maintenance
- _____ Trail Maintenance

Other

- _____ Costumed Character
- _____ Community Outreach/Festivals
- _____ Office Support
- _____ EDC Ambassador/Docent
- _____ Exhibit Design and Maintenance

TRAINING IS GIVEN IN ALL AREAS OF INTEREST

EDUCATION AND BACKGROUND

Check highest level of education completed; please list dates and locations:

____ Elementary or Middle School

____ High school Diploma/GED: _____

____ Associates Degree: _____

____ Bachelor's Degree: _____

____ Master's Degree or higher: _____

____ Other: _____

Special Skills/Interests:

Details:

____ Foreign Languages _____

____ Sign Language _____

____ Computer Skills _____

____ Other _____

Why do you want to volunteer at the Environmental Discovery Center? _____

PLEASE READ THE STATEMENTS BELOW AND SIGN

Do you have a criminal record?

(Conviction of a crime, or pleading guilty or no contest to a criminal charge, will not necessarily disqualify you from the volunteer position for which you are applying. Each conviction or plea will be considered with respect to time, position relatedness and other relevant factors.)

HAVE YOU BEEN CONVICTED OF, PLEAD GUILTY TO, OR PLEAD NO CONTEST TO AN ACT OF DISHONESTY OR BREACH OF TRUST (SUCH AS MISDEMEANOR, PETTY THEFT, BURGLARY, FRAUD, CHILD ABUSE, DOMESTIC VIOLENCE, WRITING BAD CHECKS OR ANY OTHER CRIMES) WITHIN THE LAST SEVEN (7) YEARS?

YES

NO

If yes, please explain: _____

BACKGROUND CHECK AUTHORIZATION

By my signature, I consent to the release of information to authorized officers, agents, and or employees of Florence County Government, which may include but not be limited to information concerning my past and present work, including my official personnel files; attendance records, evaluations; educational records including transcripts; military service record; law enforcement records, and/or any personnel record deemed necessary. I further release Florence County Government, educational entities, courts, present and former employers, law enforcement organizations, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry, or response given to such inquiries, made in connection with my application for Volunteer Services at Lynches River County Park and the Environmental Discovery Center.

STATUS

Volunteer has made a request to provide voluntary services to the Florence County Parks and Recreation. Volunteer understands that s/he is not an employee, agent or representative of the County and shall not present her/himself as such. Volunteer shall not receive compensation, earn leave or any other benefits for voluntary services provided to the County.

LIABILITY

Volunteer understands that s/he is not covered by workers' compensation insurance. If Volunteer is injured while performing assignments, Volunteer shall assume all risks and all related costs.

CONFIDENTIALITY

Volunteer understands that during the course of his/her voluntary service there may be disclosed to him/her information contained in records or files that shall be presumed to be confidential. Volunteer understands that the unauthorized release or removal of such information, whether to parties internal to the County or external, is strictly prohibited and would constitute a breach of confidentiality.

TERMINATION

Volunteer understands that s/he, or the County, may terminate this agreement at any time. Volunteer shall, upon termination of her/his voluntary service, return any and all County property.

By signing below I acknowledge that I have read and understood the above statements.

Printed Name of Volunteer

Date

Signature of Volunteer

If volunteer is less than 18 years of age, a parent or legal guardian must complete the following:

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Administrative Use Only:	
Sent to Risk Management: _____	Application Approved/Not Approved: _____
(Date)	(Date)
If not approved: _____	
