



# Sanctuary Volunteer Application

Please print clearly except sign in signature spaces



Mr.  Mrs.  Ms.  Miss

Date: \_\_\_/\_\_\_/\_\_\_  
(mm/dd/yyyy)

Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Address: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
(Street and Apt # or P.O. Box)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

### Education and Employment Information:

Education (Circle Last Year Completed): High School 1 2 3 4 College 1 2 3 4 Grad School 1 2 3 4

Degree Earned: \_\_\_\_\_ Degree Year: \_\_\_\_\_

Last School Attended: \_\_\_\_\_  
(Institution Name) (State / Country)

What Languages Do You Speak Fluently? \_\_\_\_\_

Current Employer: \_\_\_\_\_  
(Company Name) (Company City & State)

My Employer Offers:  Time-off Program for Volunteers  Donation Matching Program

### Emergency Contact Information (Please List Two):

Contact 1) \_\_\_\_\_  
(Name) (Relationship) (Phone)

Contact 2) \_\_\_\_\_  
(Name) (Relationship) (Phone)

### Medical Information:

Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Any Physical Limitations for Conducting Field Monitoring: \_\_\_\_\_

### Volunteer Experience or Non Profit Employment:

Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Start/End Dates: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Start/End Dates: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Have You Volunteered Here Previously? If so, for Which Programs? \_\_\_\_\_

(Please Continue Volunteer Application on Next Page)

**Volunteer Interests:**

Why would you like to volunteer for the Farallones Marine Sanctuary? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you learn about our Volunteer Programs (If a friend referred you, please provide that person's name.):

\_\_\_\_\_

**Check volunteer activities you are interested in:**

VOLUNTEER VISITOR CENTER NATURALIST     OUTREACH EVENTS (Ambassador)

Other possibilities:  Photo/Video Editing     Beach Watch (future)     Office Volunteer/ Data Entry

Do you have specific professional skills that you can help us with? (i.e. web design, fundraising, graphics design, photo/video, teaching, marine science: \_\_\_\_\_

\_\_\_\_\_

**Check Your Available Time:**

Year Around    or     Spring     Summer     Fall     Winter

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM

Availability Comments Including Likely Changes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Agreement and Signature:**

**VOLUNTEER IS NOT A FEDERAL EMPLOYEE FOR ANY PURPOSES OTHER THAN INJURY COMPENSATION AND LAWS RELATED TO THE TORT CLAIMS ACT. SERVICE IS NOT CRITABLE FOR LEAVE OR ANY OTHER EMPLOYEE BENEFIT.**

Description of Work Includes: As a naturalist, volunteer will use interactive exhibits to explain the National Marine Sanctuary Program, Gulf of the Farallones National Marine Sanctuary and the wildlife and habitats encompassed by this vital ocean area. Majority of the duties will be the Sanctuary Visitor Center, but may include staffing appropriate outreach fairs and lectures. Other duties as appropriate according to volunteer's background and interests (e.g. exhibit development/maintenance). Work may also include the use of GOV's and transport of volunteer. Time commitment is variable. Hazards may be encountered at the visitor center or fairs, not including but not limited to: falls, falling objects, tool injuries, motor vehicle mishaps, and general discomfort.

By completing this form, the volunteer acknowledges that he/she is capable of participating in this activity; assumes full responsibility for themselves (and any minor children accompanying them) for bodily injury, death, and loss of personal property and expenses thereof as a result of those inherent risks and dangers and of any negligence in participating in this activity. Participation is purely voluntary and no compensation will be sought. The volunteer is 18 years of older, in good health, and drug and alcohol free.

This agreement is subject to termination at any time at the discretion of either party. Signature on this volunteer agreement denotes that the volunteer has read, accepts and understands the above information.

 **Signature of Volunteer:** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**If Under 18 Years of Age, Parent or Legal Guardian Signature is Required.**

 **Signature of Parent or Guardian:** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **SANCTUARY VOLUNTEER NATURALIST RELATED EXPERIENCES**

Please list and describe any experience (professional or informal) that you have had in the following areas:

Public Interaction / Visitor Services – Engaging Visitors, Public Speaking, Teaching, Training:

Marine Science and/or Environmental Studies – Degrees, Certificates, Classes or Experiences:

Aquariums:

Experience in the Sanctuary (Boating, Kayaking, Surfing, Tidepooling, Wildlife Viewing, etc.):

Do you prefer interacting with all different kinds of people from other countries and cultures or prefer to be a behind the scenes volunteer?

Is there anything else you would like to tell us about yourself?

The Sanctuary Naturalist Corps Volunteer Program is seeking dedicated volunteers willing to make a commitment to the program. We are particularly seeking volunteers with weekend availability, but are open to various volunteer schedules. The training is made-up of approximately 12 hours at the sanctuary San Francisco office in the Presidio with a field trip to the California Academy of Science. Thur April 23<sup>rd</sup> 7-9PM; Sat April 25<sup>th</sup> 9AM-1PM; Thur April 30<sup>th</sup> 7-9PM, and Sat May 2<sup>nd</sup> 9AM to 1PM.

It is a program requirement to attend ALL training sessions. If you are able to commit to the training schedule and volunteer a minimum of twice a month for at least three months during the year, please sign below and return the completed application form to the address below.

 **Signature of Volunteer:** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return the Application form to:  
Justin Holl  
Visitor Center Manager  
Gulf of the Farallones National Marine Sanctuary  
991 Marine Drive, The Presidio  
San Francisco, CA 94129

Any questions? Don't hesitate to contact Justin Holl:  
415-561-6622 x308  
justin.holl@noaa.gov