



ADULT VOLUNTEER APPLICATION

Name: _____

Address: _____

Telephone: (main) _____ / _____ street _____ city _____ zip _____ (alternate) _____ / _____

email: _____

Employer/ Occupation: _____

Special skills, training, education, work or volunteer experience relating to environmental education and/or natural or cultural history:

I want to volunteer because: (Please check all that apply. Please be honest. This application is confidential!)

- | | |
|--|---|
| <input type="checkbox"/> Help others | <input type="checkbox"/> Meet new people & make new friends |
| <input type="checkbox"/> Make a difference | <input type="checkbox"/> Explore new areas of interest |
| <input type="checkbox"/> Enjoy a meaningful conversation | <input type="checkbox"/> Expand your horizons |
| <input type="checkbox"/> Connect with your community | <input type="checkbox"/> Get out of the house |
| <input type="checkbox"/> Feel involved, feel better about yourself | <input type="checkbox"/> Strengthen your resume |
| <input type="checkbox"/> Contribute to a cause that you care about | <input type="checkbox"/> Extra credit for college |
| <input type="checkbox"/> Use your skills in a productive way | <input type="checkbox"/> I have to for court |
| <input type="checkbox"/> Develop new skills | <input type="checkbox"/> other: _____ |

INTERESTS: (Please check all that apply)

- Internship (Circle one: PR/Marketing, retail or grounds)
- Stewardship Volunteer (grounds work)
- Office Volunteer (data entry, materials preparation, etc.)
- Butterfly House Docent
- Museum Docent (staffs front desk)
- Event Docent



I ENJOY WORKING WITH: (Circle all that apply)

Adults

Young Adults

Older Children

Young Children

AVAILABILITY: Please circle your available days:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Emergency Contact: _____
name relationship

Telephone: ____/____

EMERGENCY MEDICAL FORM

I hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. I hereby agree to indemnify and hold harmless the Environmental Nature Center, the Newport–Mesa Unified School District and any of their officers, agents, or employees from any liability, claim or action for damages resulting from, or in any way arising out of volunteering at or for the ENC.

This authorization is given pursuant to Section 6910 of the Family Code of California and remains effective for one year from the date of signing.

Upon returning this form, I immediately consent to the use of my name, likeness and photo for use in all manners by the ENC staff, including displays, newsletters, brochures or any other lawful purposes.

Signature: _____

Phone: ____/____ **Date:** _____