



STUDENT VOLUNTEER APPLICATION

Student Name: _____ Age: _____

Address: _____

_____ street _____ city _____ zip

Telephone: (main) _____ / _____ (alternate) _____ / _____

Student email: _____

School: _____ Grade: _____

Things you need to know before you volunteer:

1. A parent or guardian must accompany minors under the age of 14 while they are volunteering.
2. The ENC must have this application (signed by a student and a parent) on file before you can volunteer.
3. Closed toed shoes required. Wear clothes you can get dirty. Bring gloves if you have some.
4. A hat and sunscreen are recommended. Wear layers in cool weather.
5. Bring a re-useable water bottle with your name on it.
6. Bring school paperwork that we need to fill out.

Please note:

1. There is a different application for the Junior Naturalist and Service Learning (internship) programs. Please see our website, <http://encenter.org/volunteer/students>
2. If you are volunteering as a requirement of a court, probation department, judicial officer, etc., please contact Mike Swingholm at 949-645-8489 ext. 112, as there is a different procedure involved.

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

- | | |
|--|--|
| <input type="checkbox"/> Make a difference | <input type="checkbox"/> Explore new areas of interest |
| <input type="checkbox"/> Connect with your community | <input type="checkbox"/> Expand your horizons |
| <input type="checkbox"/> Feel involved, feel better about yourself | <input type="checkbox"/> Get out of the house |
| <input type="checkbox"/> Contribute to a cause that you care about | <input type="checkbox"/> Strengthen your college application |
| <input type="checkbox"/> Use your skills in a productive way | <input type="checkbox"/> Community Service hours for High School |
| <input type="checkbox"/> Develop new skills | <input type="checkbox"/> My parents are making me |
| <input type="checkbox"/> Meet new people & make new friends | <input type="checkbox"/> other: _____ |

INTERESTS: (Please check all that apply)

- Stewardship Volunteer (grounds work: weeding, planting, watering, trail maintenance)
- Office Volunteer (limited availability - data entry, materials preparation, etc.)
- Butterfly House Docent (seasonal) - requires an interview and extra training
- Museum Docent (staffs front desk) - requires an interview and extra training



PARENT'S PERMISSION AND EMERGENCY MEDICAL FORM

I, the undersigned parent or legal guardian of the named minor, do hereby request that she/he be permitted to participate in ENC activities beginning at the date of signature and continuing for one year. Should the need arise, I do 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. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient but that any of the above treatments will not be withheld if the undersigned cannot be reached. 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.

Physician's Name _____ Phone: ____/____

Is person taking medicine? No ____ Yes ____ Specify Name: _____ Dosage: _____

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.

Parent/Guardian's name (please print) _____

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's phone _____ Parent/Guardian's email _____

Volunteer's Signature _____ Date _____