

**Volunteer Application**

Please complete this form and return. Ocean Discovery Institute will review for skills and match between volunteer and available opportunities.

By submitting this form you understand and agree that Ocean Discovery reserves the right to conduct a Megan’s Law name search or request a Live Scan criminal background check. In addition if approved as a volunteer you agree to abide by the policies and procedures outlined in the “[Volunteer Handbook](http://oceandiscoveryinstitute.org/wp-content/uploads/2016/05/Ocean-Discovery-Volunteer-Handbook.pdf)”.

**Contact Information**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name |  | | | | | First Name | |  | | | |
| Address |  | | | | | | | | | | |
| City |  | | | State | |  | | | | Zip |  |
| Preferred Phone Number | | |  | | | | Type | |  | | |
| Preferred Email | |  | | | | | | | | | |
| Are you over 18? | |  | | | Birthday (MM/DD/YY) | | | | | Click here to enter a date. | |
| Gender | |  | | | Ethnicity | | | | |  | |

\* Volunteers under the age of 18 are required to have a parent/ legal guardian sign Volunteer Release and Waiver of Liability Form found below.

\* Volunteers under the age of 15 will need to be accompanied by a parent/ legal guardian for any volunteer involvement.

**Emergency Contact**

Whom should we notify?

|  |  |
| --- | --- |
| Name (First/Last) |  |
| Relation |  |
| Phone Number |  |

**Assignment Preference**

The following volunteer opportunities may be available. Select any you are interested in.

|  |  |  |  |
| --- | --- | --- | --- |
| Assistant Instructor | Office Support | Mentor | Events |
| Other |  | | |

|  |  |
| --- | --- |
| Status | Choose an item. |
| Type |  |
| Description |  |

Are you a Science, Technology, Engineering, and Mathematics (STEM) Professional/Postdoc/Graduate student and want to join the **STEM Corps**?

**Skills and Experience**

Select any of the following in which you have advanced skills and experience you can provide.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Aquarium maintenance | | | Construction and handiwork  Curriculum development  Editing  EMT  Event planning  Financials  Fundraising  Habitat restoration | Information Technology  Legal  Mentoring  Photography  Public speaking  Teaching  Web design |
| Art | Type |  |
| Bilingual   |  |  | | --- | --- | | Language |  |   oral  written | |  |
| College admissions  Communications and marketing | | |

**Affiliations:**

List your current or most recent affiliations, if applicable.

**Employer/ Organization**

|  |  |
| --- | --- |
| Name |  |
| Position |  |

**School**

|  |  |
| --- | --- |
| School Name |  |
| Level | Choose an item. |
| Area of Study |  |

**Availability**

1. Note the timeframe (start/end dates) you are looking to be involved or note if open ended.

|  |
| --- |
|  |

1. How many hours per week would you like to be involved?

|  |
| --- |
|  |

1. Indicate the days and times you are usually available to volunteer.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|  |  |  |  |  |  |

**More About You☺**

1. Have you been referred by someone or how did you hear about Ocean Discovery Institute?

|  |
| --- |
|  |

1. What would you like to gain from this volunteer experience?

|  |
| --- |
|  |

1. Why are you interested in working with underserved youth? Please give details of any relevant past experience?

|  |
| --- |
|  |

1. Are you applying as part of a pre-existing program, court ordered service, community service requirement, or other? If yes, please describe and include all relevant information?

|  |
| --- |
|  |

1. Have you ever been convicted of a felony or misdemeanor?

Please describe and see our “Volunteer Handbook” to determine eligibility.

|  |
| --- |
|  |

By signing below, I ascertain that the information on this application is true.

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Signature |  |

Thank you for your support. To get involved in other ways please [click here](http://oceandiscoveryinstitute.org/get-involved/).

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| --- | --- | --- | --- | --- | --- |
| FOR OFFICIAL USE ONLY | | | | | |
| Volunteer Approved For:  Single Activity  Supervised  Unsupervised/Special Access  Not Approved | | Back Ground Check Completed:  Megan’s Law Check  Clear  Record Found  Live Scan Background Check (if applicable) | | | |
|  | | ATI # | |  | |
| Unsupervised/Special Access forms sent   * Live Scan * Medical Form * TB Test result request | | Pass  Record Found  Medical Form  TB Test Test Date:  Negative  Positive | | | |
|  | | Other | |  | |
| Approval Status  Yes  No  Sent Notification of Status Email | | | | | |
| Approved By |  | | Date | |  |

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**Volunteer Release and Waiver of Liability Form**

I desire to provide volunteer services for Ocean Discovery Institute and engage in activities related to serving as a volunteer.

1) Waiver and Release: I hereby waive any right or cause of action arising as a result of my participation as a volunteer in Ocean Discovery Institute’s programs and daily operations, including transportation if provided, from which any liability may or could accrue against Ocean Discovery Institute or the officers, volunteers, collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from personal injury to me or damage to my property sustained in connection with my volunteer activities with Ocean Discovery Institute.

2) Insurance: Further I understand that Ocean Discovery does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Ocean Discovery beyond what may be offered freely by Ocean Discovery in the event of injury or medical expenses incurred by me.

3) Medical Treatment: I hereby release and forever discharge Ocean Discovery from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Ocean Discovery.

4) Assumption of Risk: I understand that the services I provide to Ocean Discovery may include activities that may lead to loss or damages to personal property and may be hazardous to me including, but not limited to activities, such as “canyon restoration work” or “BAHIA participation”. As a volunteer, I hereby expressly assume risk of any loss and damages to personal property and injury or harm to myself from these activities and release Ocean Discovery from all liability.

5) Photographic Release: I authorize and consent that Ocean Discovery have the right to copyright, publish, use, sell or assign any and all photographic pictures, videotapes and/or sound recordings taken or made of me whole or part. I grant permission to Ocean Discovery to allow these images and/or recordings to be put to legitimate use at their discretion. I relinquish all rights, title or interest to any furnished products, reproductions or facsimiles.

6) Volunteer Status: I understand that no compensation is expected in return for services provided by a volunteer and that Ocean Discovery will not provide any benefits traditionally associated with employment. Based on Ocean Discovery’s commitment to provide meaningful volunteer opportunities and high-quality service to youth, I agree that Ocean Discovery reserves the right to deny me volunteer participation or terminate my involvement with the organization at any time. I also understand that each volunteer is responsible for his/her own insurance coverage in the event of personal injury or illnesses as a result of volunteer services to Ocean Discovery Institute.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name |  | | | Last Name |  |
| Date |  | Signature |  | | |

**By signing below, I express my understanding and intent to enter into this release and waiver of liability willingly and voluntarily. I agree that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of California the United States of America, and that this waiver shall be governed by and interpreted in accordance with the laws of the State of California. I agree that in the event that any clause or provision of this waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this release which shall continue to enforceable.**

If under 18, a legal parent/guardian must sign below.

|  |  |
| --- | --- |
| Parent/Guardian Name: |  |
| Parent/Guardian Signature: |  |