

**Volunteer Scientist-in-Residence Application**

Please complete this form and email it to [cvassos@oceandi.org](mailto:cvassos@oceandi.org). Ocean Discovery Institute will review your application and be in touch regarding next steps. Thank you!

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) | | | | |  | |
| Gender | |  | | | Ethnicity | | | | |  | |

**Current Employer:**

|  |  |
| --- | --- |
| Employer name |  |
| Number of years/months with current employer |  |
| Your position title |  |
| Brief description of your work |  |

**Education:**

|  |  |
| --- | --- |
| School Name (undergraduate) |  |
| Area of Study |  |
| School Name (graduate, if applicable) |  |
| Area of Study |  |

**Additional Skills and Experience**

Select any of the following in which you have advanced skills and experience you could provide as a Scientist-in-Residence.

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| --- | --- | --- |
| 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 |
| |  |  | | --- | --- | | Type |  |   Art |
| Bilingual  oral   |  |  | | --- | --- | | Language |  |   written |
| College admissions  Communications and marketing |

**Availability**

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

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**More About You**

*We’d like to learn a little more about you and your interest to be a Scientist-in-Residence. These questions are purely intended to gather information and will not affect an applicant’s candidacy in any way.*

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

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

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

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

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

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5. Please describe the focus of your work in your particular scientific or environmental field.

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6. What challenges or constraints do you foresee that may affect your ability to participate?

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Please provide the names, phone numbers, and email addresses for two professional references:

1.

Name:

Affiliation:

Phone:

Email:

2.

Name:

Affiliation:

Phone:

Email:

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 Instructions * Fit to Travel Form * TB Test Result Request | | Pass  Record Found  Fit to Travel Form Received  TB Test Test Date:  Negative  Positive | | | |
|  | | Other | |  | |
| Approval Status  Yes  No  Sent Notification of Status Email | | | | | |
| Approved By |  | | Date | |  |

**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.

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