***Please fill-out this application and submit to Christina Vassos, Volunteer Coordinator at*** [***cvassos@oceandi.org***](mailto:cvassos@oceandi.org)

**Basic Information**

**Full Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*First Middle Last*

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street City Zip Code*

**Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Choose an item.\_ **Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Choose an item.

*Number Type Address Type*

**Birthdate** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender** Choose an item. **Ethnicity** Choose an item.\_\_

*MM/DD/YYYY*

**Emergency Contact** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Choose an item.

*Name Phone Number Relationship*

**Current Employment** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Employer Name Position*

**Additional Questions**

1. **Have you volunteered at Ocean Discovery Institute in the past?**  *Yes*  *No*
2. **How did you hear about our organization?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Are you a professional or pursuing an advanced degree in the STEM or environmental fields?**  *Yes*  *No*
4. **Do you have any criminal charges pending against you?**  *Yes\**  *No*
5. **Have you ever been convicted of a felony or misdemeanor?**  *Yes\**  *No*
6. **Have you ever been convicted of a sex, drug or weapon related offense?**  *Yes\**  *No*
7. **Are you required by law to register as a sex offender?**  *Yes\**  *No*

\*If you answered “Yes,” please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand that for the safety and security of students, a background check will be conducted by Ocean Discovery Institute staff. Some offenses, such as sexual crimes or those involving children, will disqualify me from service.**

**I give my permission to have a background check conducted and hold Ocean Discovery Institute and any individual or entity providing them with information harmless. By signing my name below, I declare under penalty of perjury, that all the information on this application is true and correct. I also declare that, if approved, I agree to abide by the rules and regulations outlined in the “Volunteer Code of Conduct.”**

Volunteer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 Institute 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 Institute beyond what may be offered freely by Ocean Discovery Institute in the event of injury or medical expenses incurred by me.

3) Medical Treatment: I hereby release and forever discharge Ocean Discovery Institute 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 Institute.

4) Assumption of Risk: I understand that the services I provide to Ocean Discovery Institute 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 Institute from all liability.

5) Photographic Release: I authorize and consent that Ocean Discovery Institute 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 Institute 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 Institute will not provide any benefits traditionally associated with employment. Based on Ocean Discovery Institute’s commitment to provide meaningful volunteer opportunities and high-quality service to youth, I agree that Ocean Discovery Institute 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: |  |