



Volunteer Interest Form

Please Print Clearly (we will contact you by email)

When you become a Zion Nature Center volunteer, the staff depends on you and you become a very important part of our team. By filling out this form, you are joining our community! We strive to match your interests and talents with our needs. For complete descriptions of our volunteer opportunities please refer to our website www.zionnaturecenter.org.

Name: _____ Date of Birth: ____ / ____ / ____
Address: _____ Are you under 18? Yes No
City: _____ State: _____ Zip: _____
Home #: (____) _____ Cell #: (____) _____
Email: _____

Please tell us how you found out about the Zion Nature Center Volunteering Opportunities (Circle One):

- Friend Co-worker Facebook Website Word of Mouth Other

Volunteer Group Interest

Are you part of a volunteer group? Yes No

Are your group members under 18 years of age? Yes No

If yes, what is the type of group? _____

Name of Group/Company Name: _____

Primary Contact for Group: _____

Is your group looking to volunteer on a specific date? Yes No

If answered YES above: What is your start & end date & time? _____

Your Volunteer Interests (Please select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Animal Care Team | <input type="checkbox"/> Public Programs & Special Events Photographer |
| <input type="checkbox"/> Summer Junior Counselor (ages 14 – 18) | <input type="checkbox"/> Gardening and Maintenance |
| <input type="checkbox"/> Public Programs & Special Events Assistant | <input type="checkbox"/> Natural Resource Management |
| <input type="checkbox"/> Outreach Events | <input type="checkbox"/> Habitat Restoration Projects |
| <input type="checkbox"/> Trail Monitor | <input type="checkbox"/> Fundraising |

Do you have any special skills, talents, interests or hobbies? _____

Your Availability

Date Available to begin volunteering: _____

Preferred days of the week (Select all that apply):

- Monday
- Tuesday
- Wednesday
- Thursday

- Friday
- Saturday
- Sunday

Preferred time of day (select all that apply)

- Morning
- Afternoon
- Evening (programs and events)

Have you volunteered anywhere else before? Yes No; if so where? _____

Is this required community service? Yes No; if yes, how many hours? _____

Completion date: _____

Volunteer References

Please list 3 references, professional or school related (not family or friends) who have knowledge of your character, ability, experience and work habits.

Name: _____ Phone #: _____

Email: _____

Relationship: _____

Name: _____ Phone #: _____

Email: _____

Relationship: _____

Name: _____ Phone #: _____

Email: _____

Relationship: _____

Summer Junior Counselor (ages 14 – 18) Volunteer Application

(For upcoming summer, application should be turned in by May 15)

What grade will you be entering next fall?

- 9th 10th 11th 12th College

Which camp sessions are you available and wish to be considered for?

- | | |
|---|--|
| <input type="checkbox"/> Wet and Wild Camp (June 5) | <input type="checkbox"/> Backyard Explorers Camp (July 9 – 12) |
| <input type="checkbox"/> Bonkers for Birds Camp (June 7) | <input type="checkbox"/> Mommy & Me Camp (July 13) |
| <input type="checkbox"/> Backyard Explorers Camp (June 18 – 21) | <input type="checkbox"/> Biologist Boot Camp (July 16 – 20) |
| <input type="checkbox"/> Mommy & Me Camp (June 22) | <input type="checkbox"/> Fantastic Beasts Camp (July 24) |
| <input type="checkbox"/> Nature Navigators Camp (June 25 – 29) | <input type="checkbox"/> My Grandperson and ME! Camp (July 26) |
| | <input type="checkbox"/> Nocturnal Nature Camp (July 27) |

Prior Camp Experience (Please check any that apply to you)

I attended Zion Nature Center Summer Camp as a camper Yes No; How many years? _____

I worked as a camp counselor at a different camp Yes No; How many years? _____

I have some experience working with children through baby-sitting etc. Yes No; How many years? _____

Can you perform the essential functions of the job with or without reasonable accommodation (see job responsibilities & expectations on website) Yes No

Do you have a driver's license Yes No

If yes, do you have a care? Yes No

Have you had any CPR/First Aid Courses? Yes No

Please list any other certifications you have: _____

Please list any skills, experience of training you have (especially if it enhances a camper's experience): _____

What contributions do you think you can make at camp? _____

As a Summer Camp Junior Counselor you will not only be helping the nature center and gaining experience, you will be learning. What do you hope to gain through participation in this program? _____

Summer Junior Counselor applicants must return this completed application along with a cover letter and a letter of recommendation from someone other than a family member.

Criminal Record

Have you ever been convicted of a crime, other than a minor traffic offense? (Note: A prior conviction is not an automatic bar to consideration.) Yes No

Do you presently, or have you ever, had problems with drug or alcohol use? Yes No

Have you ever been convicted of illegal substance distribution? Yes No

Have you ever been convicted of child abuse or neglect? Yes No

Have you ever been convicted of a felony? Yes No

If yes to any of the above, please explain: _____

Emergency Information

Emergency Contact: _____

(If minor list parent/legal guardian)

Address: _____ Cell #: _____

(If different from volunteer)

Relationship: _____ Home#: _____

Special health conditions or activity restrictions? Yes No; if yes, please describe any personal challenges (medical, behavioral, emotional, and learning) that might prevent you from performing tasks or fully participate.

Allergies? (Select all that apply)

None Food Medicine Environment (insect stings, hay fever, etc.) Other

List all specific known allergies. Describe reaction and management of the reaction.

Please describe if there are any helpful accommodations that have aided you with your personal challenges.

Please tell us about any fears or phobias of particular animals. _____

Photo Release

I hereby grant Zionsville Parks and Recreation permission to use my likeness in photograph/video, in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by Zionsville Parks and Recreation, in perpetuity, and for other use by the Parks and Recreation Department. I will make no monetary or other claim (whether for breach of privacy or otherwise) against Zionsville Parks and Recreation for the use of the photograph/video for educational or marketing purposes.

I do not give Zionsville Parks and Recreation permission to publish photographs of me taken during ZNC programs.

Volunteer's Waiver of Liability

I, the undersigned, assume all risks and hazards arising out of or related to any programs and volunteer activities (unless otherwise specified) that I choose to undertake with the Zionsville Parks and Recreation. I further acknowledge that the programs take place outdoors (in whole or in part) and involve associated risks and hazards. I confirm that I have no reason due to health or other conditions that would impact on the ability to volunteer or participate in programs and accept as my personal risk the hazards of participating in this program and its corresponding activities. I agree that none of the Zionsville Parks and Recreation, its employees, or its appointed assistants shall have any liability to me or my heirs with respect to any risks or hazards arising out of or relating to any programs or volunteer activities that I choose to undertake.

I hereby give permission to Zionsville Parks and Recreation staff to seek emergency medical treatment if needed. I understand and agree that every effort will be made to notify my emergency contact. In the event that they cannot be reached, I hereby give permission to the physician and/or hospital to secure and administer proper treatment for myself. I consent to emergency transportation, if necessary. I agree to hold harmless and indemnify Zionsville Parks and Recreation from and against any costs or losses associated with any such care or treatment. I agree that if any relevant facts or circumstances change, I will inform the Zionsville Parks and Recreation staff of such changes.

I agree that all of the information submitted on this application is accurate to the best of my knowledge. I authorize investigation of all statements herein, including any checks of criminal records, and release the Zionsville Parks and Recreation and all others from liability in connection with same.

I understand the information on this form will be shared on a "need to know" basis with staff. I give permission to photocopy this form.

I understand that, if accepted and scheduled, I will be an at-will volunteer unless there is an agreement or law, which alters that status.

I also understand that misrepresentations or falsifications herein or in other documents completed or submitted by the applicant will result in dismissal, regardless of the date of discovery by Zionsville Parks and Recreation.

Signature

Date

If applicant is a minor: As a parent/ legal guardian, I give permission for this under-aged individual to volunteer with the Zionsville Parks and Recreation and comply with the above Waiver of Liability.

Signature

Date

Allow 2 – 3 weeks for us to receive and review your application, we will contact you to discuss any volunteer opportunities and scheduling. Thank you for applying to become a part of our team.

Mail or email completed Volunteer Interest Form to:

Mindy Murdock
Zion Nature Center
690 Beech Street
Zionsville, IN 46077
317.873.8950
www.zionnaturecenter.org
naturecenter@zionsville-in.gov