



Lynches River County Park Volunteer Application

PERSONAL INFORMATION (*Required)

*Full Name: _____ Today's Date: _____

*Address: _____ *Gender: _____

_____ *Race: _____

(City)

(State)

(Zip Code)

*Phone Number: _____ *Email Address: _____

*Date of Birth: _____ *Social Security #: _____

*Driver's License Number: _____ Issuing State: _____

Emergency Contact: _____

Relationship: _____ Telephone Number: _____

AREAS OF INTEREST

Please indicate your areas of interest (training is provided in all areas, if desired):

Education

- Program Presentation
- Program Prep
- Program Assistance
- Outreach Programs
- School/Community Events
- Highschool/College Internship

Animal Husbandry

- Reptiles
- Amphibians
- Insects
- Tank Cleaning/Maintenance
- Diet prep and feeding
- Animal Enrichment

Other

- Special Events
- Office Support
- EDC Docent
- Exhibit Design/Maintenance
- Garden/Trail Maintenance
- Service Project

AVAILABILITY

Please indicate your availability below

- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Morning
- Afternoon
- Evening (events only)

How long would you like to volunteer with us?

- Once
- Short term
- Long term

EDUCATION AND BACKGROUND

Check highest level of education completed; please list dates and locations:

____ Elementary or Middle School: _____
____ High school Diploma/GED: _____
____ Associates Degree: _____
____ Bachelor's Degree: _____
____ Master's Degree or higher: _____
____ Other: _____

Please list any special skills or interests: _____

Why do you want to volunteer at the Environmental Discovery Center? _____

PLEASE READ THE STATEMENTS BELOW AND SIGN

Do you have a criminal record?

(Conviction of a crime, or pleading guilty or no contest to a criminal charge, will not necessarily disqualify you from the volunteer position for which you are applying. Each conviction or plea will be considered with respect to time, position relatedness and other relevant factors.)

HAVE YOU BEEN CONVICTED OF, PLEAD GUILTY TO, OR PLEAD NO CONTEST TO AN ACT OF DISHONESTY OR BREACH OF TRUST (SUCH AS MISDEMEANOR, PETTY THEFT, BURGLARY, FRAUD, CHILD ABUSE, DOMESTIC VIOLENCE, WRITING BAD CHECKS OR ANY OTHER CRIMES) WITHIN THE LAST SEVEN (7) YEARS?

YES NO

If yes, please explain: _____

Administrative Use Only:

Background Check Submitted: _____ Application Approved/Not Approved: _____
(Date) (Date)

Admin Notes: _____

BACKGROUND CHECK AUTHORIZATION

By my signature, I consent to the release of information to authorized officers, agents, and or employees of Florence County Government, which may include but not be limited to information concerning my past and present work, including my official personnel files; attendance records, evaluations; educational records including transcripts; military service record; law enforcement records, and/or any personnel record deemed necessary. I further release Florence County Government, educational entities, courts, present and former employers, law enforcement organizations, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry, or response given to such inquiries, made in connection with my application for Volunteer Services at Lynches River County Park and the Environmental Discovery Center.

STATUS

Volunteer has made a request to provide voluntary services to the Florence County Parks and Recreation. Volunteer understands that s/he is not an employee, agent or representative of the County and shall not present her/himself as such. Volunteer shall not receive compensation, earn leave or any other benefits for voluntary services provided to the County.

LIABILITY

Volunteer understands that s/he is not covered by workers' compensation insurance. If Volunteer is injured while performing assignments, Volunteer shall assume all risks and all related costs.

CONFIDENTIALITY

Volunteer understands that during the course of his/her voluntary service there may be disclosed to him/her information contained in records or files that shall be presumed to be confidential. Volunteer understands that the unauthorized release or removal of such information, whether to parties internal to the County or external, is strictly prohibited and would constitute a breach of confidentiality.

TERMINATION

Volunteer understands that s/he, or the County, may terminate this agreement at any time. Volunteer shall, upon termination of her/his voluntary service, return any and all County property.

By signing below I acknowledge that I have read and understood the above statements.

Printed Name of Volunteer

Date

Signature of Volunteer

If volunteer is less than 18 years of age, a parent or legal guardian must complete the following:

Signature of Parent or Legal Guardian