



Volunteer Application



**** Volunteers must be 14 years of age or older for River Center. ****

*****Volunteers must be 18 years of age or older for WildPine Laboratory*****

If your community service hours are court ordered, you MUST speak with staff upon completion of this form.

(561) 743-7123 | volunteer@LRECD.org

Applicant Information

Last Name:

First Name:

Today's Date:

Phone #:

Email:

Address: _____

Street

City

State

Zip

General Information

I want to volunteer with:

River Center

WildPine Laboratory

Have you volunteered with us before? If so, when and did you volunteer with River Center or WildPine?

Please indicate why you are interested in volunteering: (General Interest; School Service Hours; Other)

If service hours are needed, please complete the following:

Name of School: _____

How many hours needed: _____

Emergency Contacts

Emergency Contact 1:

Phone #:

Relationship:

Emergency Contact 2:

Phone #:

Relationship:

To better accommodate you, please let us know if you have any special circumstances or concerns:

Photo Release:

PHOTOGRAPH RELEASE FORM – By signing the photographic release below, you are agreeing to allow photographs of yourself, and minors accompanying you, to be used by the Loxahatchee River District (LRD) and the River Center. If your picture has been taken in reference to a particular program, your name will be used in connection with the photograph(s) and may be associated with your name/your company’s name/your organization’s name.

I GIVE MY PERMISSION, without restriction, for consideration received, for the above-mentioned agencies (LRD, River Center) to take, reproduce and publish, in all media including electronic formats known or unknown, photographs of me, or to have this done on its behalf. I understand that these photographs may be used, in whole or in part, in informational, educational or commercial publications of any kind (including without limitation, electronic publishing), by the Loxahatchee River District and its agents.

I UNDERSTAND AND AGREE THAT:

1. I will not have any right to inspect the finished work or product or to approve its use.
2. Ownership of the originals and all copies belongs to LRD and its agents. This includes all rights to use, not use, or dispose of the photographs, in any matter whatsoever.
3. The agreements in this Release are legally binding and cannot be changed by me or someone who has been given my rights.

FOR MINORS:

Child’s Printed Name: _____

Parent/Guardian Printed Name: _____ Signature: _____

FOR ADULTS:

Printed Name: _____ Signature: _____

Parental Consent (for River Center ONLY):

Please initial the appropriate box for each statement.

My child has permission to ride offsite in vehicles driven by River Center staff. Yes No

My child has permission to ride offsite with other River Center volunteers. Yes No

My child has permission to use computer programs with permission from RC staff. Yes No

My child has permission to use the internet with permission from RC staff. Yes No

DATE OF BIRTH: _____

Signatures:

I understand that there are inherent risks involved in volunteering for the River Center and the WildPine Laboratory and working with wild animals. I agree to accept all risks of injury and/or death that may be obtained while volunteering at the center and agree to hold harmless and release from liability the River Center, and the Loxahatchee River District and their directors, officers, employees, and other volunteers in the event of injury, loss of life, theft, vandalism, or loss of personal property.

Participant Printed Name: _____ Signature: _____ Date: _____

Parent Name: _____ Signature: _____ Date: _____

VOLUNTEER APPLICATION PROCEDURES

Application – All volunteers shall submit a signed application. River Center volunteers must complete an Introduction to Volunteering class prior to starting a volunteer position. Adult volunteers will be required to complete a background check prior to starting to volunteer. WildPine volunteers require a Level 1 check. River Center volunteers require a Level 2 (includes fingerprinting) check.

Volunteer Status – All volunteers are considered at-will volunteers. All volunteer hours performed are unpaid, with no exceptions. The District expressly reserves the right to discharge any volunteers for any reason, with or without cause, and without notice. Nothing in this document confers the right to any volunteer to continue with this program for any length of time. The District retains the right to terminate a court-ordered volunteer at any time for any reason. Participation in this program does not constitute employee status for any volunteer.

Special Events - Volunteer participation in special events is at the discretion of the District staff and based on such factors as the experience, overall attitude, attendance, and adherence to volunteer policies. Background checks for adult volunteers are not required for one day events.

School Community Service – Middle or High School. Please bring in any paperwork from your school showing the need for Community Service along with a signed application to the River Center. The River Center is not required to provide hours nor able to prioritize an individual's schedule based on external deadlines.

Court Ordered Community Service – To promote the safety of all our volunteers and staff, as well as all visitors to the River Center, volunteers seeking court ordered community service hours for convictions including, but not limited to, violence, firearms or weapons violations, drugs, or felony theft will not be accepted. Acceptance of any other charges will be decided on a case-by-case basis and are at the sole discretion of District staff. Charges and conviction shall be disclosed at the time of application and a copy of the court order shall be provided. Prior to the start of a volunteer position, the volunteer shall notify staff how many hours are required and the due date for the hours to be completed. The District is not required to provide hours for court ordered community service. Furthermore, it is under no obligation to prioritize a volunteer based on external deadlines (e.g., Court ordered community service deadline).

The Loxahatchee River District retains the right to terminate a volunteer at any time for any reason.

I have read the volunteer procedures and agree to adhere to them in full. I understand and consent to the consequences of failure to follow the procedures, up to and including my or my child's dismissal from the volunteer program.

Volunteer Signature _____ Date: _____

Parent / Guardian Signature _____ Date: _____

The River Center is a program of the Loxahatchee River District.

For Office Use Only

Name of Person Who Obtained Volunteer Application and Photo Release:

Printed Name: _____ Signature: _____ Date: _____

Introduction to Volunteering Date: _____ Background Check _____ Added to Database Date: _____

First Day / Training Date: _____ Constant Contact: _____ Welcome email/Signup Link: _____

Last Recorded Shift: _____ Date Archived: _____

Loxahatchee River District Liability Release

WHEREAS, _____, (herein "PARTICIPANT") has voluntarily requested, from the Loxahatchee River District (herein "DISTRICT"), to participate in any and all activities PARTICIPANT engages in as a VOLUNTEER and the aforementioned activities shall commence on (date)_____.

This release shall extend to all activities including, but not limited to those which may involve DISTRICT personnel, and/or the use of DISTRICT transportation (motor vehicles, watercraft, or other transportation), equipment, buildings, structures, walkways, and other equipment (owned, leased, or rented by District, Participant, contractors and/or third parties) and/or the use of bodies of water, property (real or personal), and surrounding rights of way owned or occupied by the DISTRICT; and

WHEREAS, the DISTRICT is willing to involve DISTRICT personnel and/or allow use of its transportation (motor vehicles, watercraft, or other transportation), equipment, buildings, structures, walkways and other equipment (owned, leased, or rented by District, Participant, contractors and/or other third parties) and/or the use of bodies of water, property, (real or personal), and surrounding rights of way owned or occupied by the DISTRICT, to facilitate the above identified activities upon the representations and conditions that PARTICIPANT agrees to abide by all safety procedures, agrees to obey all directions and demands of DISTRICT personnel, if any, and PARTICIPANT specifically acknowledges and assumes any and all risks associated with or arising in connection with the above identified activities;

NOW THEREFORE, in consideration of the premises set forth above, I hereby release and agree to indemnify and hold harmless the DISTRICT (including, but not limited to its Governing Board members, employees, agents, attorneys, legal representatives, and their successors and assigns) from any and all liabilities, personal injuries, property damage, claims, damages, attorney's fees, costs, judgments, claims bills, at. al. (under the laws of the State of Florida and/or any other State of the United States of America and/or the Government of the United States of America): (a) by, for, or on behalf of the PARTICIPANT (individually, jointly, derivatively or otherwise) attributable, in whole or in part, to the acts, omissions, or negligence of the PARTICIPANT, District or any third person that arises out of, or related to the above referenced activities; and/or (b) by, for, or on behalf of any third party arising out of, regarding, or related to, in whole or in part, the PARTICIPANT'S acts, omissions, or negligence, attributable, in whole or in part, to the acts, omissions, or negligence of the PARTICIPANT, DISTRICT, or any third person that arise out of, or related to the above referenced activities.

If I am signing this Release as a parent or guardian of a minor child, I acknowledge that I make this agreement individually and on behalf of the minor child to induce the DISTRICT to allow the minor child to participate in the above referenced activities.

Signed and attested to this ____ day of _____, 20____.

(Signature of Participant or Parent/Guardian) Parent or Guardian of: _____

Participant's Address: _____

Participant's Phone Numbers: _____

EMERGENCY CONTACT Info: _____

No matter what activity you participant in, please think carefully about safety, and be cautious!