

**Volunteer Application**

**Please return completed application to:** email at programming@sturgeoncity.org, fax to (910) 938-0053 or mail to PO Box 1056, Jacksonville, NC 28541. Call the Program Coordinator at (910) 938-5079 if you have any questions.

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Circle One) Home Cell

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer position interested in:

**Skills & Interests**

Please select all of the following that you are interested in:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | Accounting |   | Good with kids |   | Photographer |
|   | Administrative Assistance |   | Graphic Designer |   | Sing Language |
|   | Aquarist/Water Quality |   | Handy Work |   | Special Events |
|   | Arts & Crafts |   | Horticulture or landscaping |   | Special Needs/Education |
|   | Audio/Visual |   | Marine or freshwater biology |   | Veterinarian/Vet Tech |
|   | Boating/Sailing |   | Microsoft Excel |   | Videography |
|   | CPR & First Aid |   | Microsoft Power Point |   | Volunteer Coordination |
|   | Education |   | Microsoft Publisher |   | Web Design |
|   | Event Planning |   | Microsoft Word |   | Writing/Editing/Proofreading |
|   | Fundraising & Development |   | Other (please list): |  |  |

**Availability**
Please indicate the days and time periods you are usually available to volunteer.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
| AM: |  |  |  |  |  |  |  |
| PM: |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

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**Dates Available:**

**Employment**
If you are currently employed, please list the name of your company or business. If you are retired or a homemaker, please indicate so.

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**
In the event of a personal emergency, please provide your emergency contact information.

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about this volunteer opportunity?**
Please tell us how you first heard about volunteering at Sturgeon City.

**Notification and Agreement**
Notification and Agreement
I certify that all answers given by me are true, accurate and complete. I understand the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial or immediate termination regardless of when or how discovered. I also agree to immediately notify Sturgeon City if I should be convicted of a crime involving dishonesty, breach of trust, controlled substances, sexual misconduct, abuse or violence while my application is pending or during my period of volunteer service.

QUESTIONS:
Questions regarding this application should be directed to info@sturgeoncity.org. This application will be given every consideration, but its receipt does not imply that the applicant will be accepted.

EQUAL OPPORTUNITY:
It is the policy of Sturgeon City of Jacksonville NC, Inc to afford equal opportunity to all volunteer applicants without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunity to disabled veterans, veterans of the Vietnam era, and individuals with a disability and any other characteristics protected by Federal, State, or Local Law. Sturgeon City is committed to a drug/alcohol free workplace and prohibits any form of harassment.

RELEASE:
I authorize any person, school, current employer, past employer(s), and organizations named in this application to provide the Sturgeon City of Jacksonville NC, Inc with any information and opinion request in connection with my application, and I release such persons and organizations from any legal liability in making such statements.

NO EMPLOYEE BENEFITS:
I shall not be considered an employee for any purpose, and no health, accident or workmen's compensation insurance, nor any type of employee benefits, shall be provided for me by Sturgeon City of Jacksonville NC, Inc.

TRAINING:
I understand that certain volunteer activities require special training. I shall not undertake such activities without the required training. I also understand that my volunteer activities will not qualify me for any paid professional position.

CONFIDENTIAL INFORMATION:
I understand that information obtained through my work as a volunteer may be considered privileged or proprietary information of Sturgeon City of Jacksonville NC, Inc. I agree to keep all such information confidential except to the extent disclosure of such information is expressly authorized and directed by an official of Sturgeon City. In particular, I agree to make no statements or release any information about Sturgeon City to any news media except as expressly authorized by Sturgeon City.

RELEASE FROM LIABILITY:
I hereby release the Sturgeon City of Jacksonville NC, Inc and their respective agents, representatives, trustees, officers, employees and volunteers (the "Released Parties") from any and all liability whatsoever arising out of any damage, loss or injury to me or my property incurred as a result of my volunteer activities for Sturgeon City. I further agree to indemnify, save and hold harmless the Released Parties from any and all losses, damages and liabilities for indemnities, contribution or otherwise with respect to any and all property damage, personal injury and/or death incurred in connection with my volunteer activities, as might be asserted by a third party (defined as any party other than the Released Parties or me). My estate shall hold harmless Sturgeon City of Jacksonville NC, Inc and their respective agents, representatives, trustees, officers, employees and volunteers from any claims or actions by my relatives or legal representatives based on my death or injury as a result of my volunteer activities.

PERMISSION TO TAKE AND USE PHOTOGRAPHS:
I acknowledge that Sturgeon City might from time to time take photographs of its volunteers during various programs and activities and that such photographs might be used in brochures and program advertising (the "Photographs"). I further acknowledge that as a result of my volunteer work and/or presence at Sturgeon City’s premises, my image might from time to time be included in the Photographs. I hereby authorize the Sturgeon City of Jacksonville NC, Inc and its agents to take, use, display, publish, reproduce, and distribute any and all Photographs that include my image and to create derivative works based upon all such Photographs.

ACCEPTANCE OF STURGEON CITY POLICY:
I understand that this application does not create a contract for my volunteer service. I understand that if accepted, I am obliged to comply with any and all current and subsequently adopted policies. I understand that if accepted, my volunteer service may be dismissed at any time for any reason, with or without notice. I understand that no person is authorized to change any of the terms mentioned in this application. By typing/signing your name to this document, you hereby agree to all the terms/conditions listed above.

Volunteer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardian (if under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_