



Volunteer Registration

Location: Burt Reynolds Park, 805 US Highway 1, Jupiter, FL 33477
Phone: 561-743-7123 **Fax:** 561-746-6314 **Email:** education@loxahatcheeriver.org

PLEASE PRINT

LAST Name:	FIRST Name:	Date:
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ADDRESS:

Street	City / State	Zip
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HOME Phone:	D.O.B. (mm/dd)	AGE (if under 18):
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MOBILE Phone:	EMAIL ADDRESS:
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EMERGENCY Contact Information: (Best way to reach each person in case of emergency)

Name: _____ Relationship: _____ Day Phone: _____ Night Phone: _____

Name: _____ Relationship: _____ Day Phone: _____ Night Phone: _____

MEDICAL Please list any special medical conditions, allergies or instructions you feel the staff should be aware of when assigning tasks. Please be specific.

MISC What are your areas of interests? What are some of your skills that will assist in Volunteering?

TRAINING	Volunteer Training	TSHIRT SIZE (circle one:)		Interests		
	Docents, education assistants, aquarium care, and gift shop volunteers will be required to participate in a training program. These individuals will provide a minimum of 3 consecutive hours per week. Please see volunteer coordinator for details.	YOUTH SIZE	ADULT SIZE			Events
		S M L	S M L XL XXL		Docent	
	Volunteers in these areas are required to wear a River Center Polo while on duty in the River Center. There is a \$20 fee for your River Center shirt.	OFFICE USE ONLY				Aquarium Care
		Approved:	Date:			Garden Club
		Denied:	Reason:			Gift Shop
						Education Programs
				Computer Work		
				Story Time		

Commitment Agreement:
 As a River Center volunteer I am committing to a weekly schedule in a particular volunteer role. I understand that staff and volunteers will depend on me and if an unforeseen conflict arises and I am unable to make a particular shift, I will call the volunteer coordinator to inform her.

Release:
 As a River Center volunteer I understand that I am not an employee of the organization and not covered by workers' compensation insurance or other benefits. I understand that in volunteering there are risks involved in working with wild animals. I agree to accept any and all risks of injury and/or death. Further I agree to hold harmless and release from liability the River Center, Friends of Loxahatchee River, and Loxahatchee River District, its directors, officers and employees in the event of theft, vandalism, injury, loss of life or personal property. I also give permission for the River Center to use my photo in River Center or Loxahatchee River District publications and/or website.

Volunteer Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____