



TURTLE BAY
EXPLORATION PARK®
Human. Nature.

Adult Volunteer Application

Name: _____ Date: _____

Address: _____

City, State, Zip _____

Phone: (____) _____ - _____ Cell/Work: (____) _____ - _____

Email: _____ Date of Birth: ____/____/____

Do you have a current Turtle Bay membership (please circle)? Yes No

Spouse or partner name (if applicable): _____

How did you hear about volunteering at Turtle Bay? _____

If referred by a current volunteer, please list their name(s): _____

Education

High School 1 2 3 4 School: _____ Major: _____

College 1 2 3 4 School: _____ Major: _____

Graduate 1 2 3 4 School: _____ Major: _____

Current / most recent employer: _____

Title / Position: _____

Previous Employer: _____

Title / Position: _____

Experience

Current / most recent volunteer experience: _____

Your duties: _____ Length of service: _____

Please list your hobbies and personal interests: _____

Please describe any other talents, skills, or interest areas (i.e. accounting, computers and software, public speaking, sewing) that you would like to put to use at Turtle Bay: _____

Please list *any* medical restrictions, allergies, disabilities, or requirements that may affect your volunteer work: _____

Availability

Date available to start volunteer work: _____

What days are you available (please circle)? Mon Tues Weds Thurs Fri Sat Sun

What times are you available (please circle)? Mornings Afternoons Evenings

Areas of Interest

(Please check all that apply and subcategories, if applicable)

- | | | |
|--|--|---|
| <input type="checkbox"/> Clerical/administrative | <input type="checkbox"/> Special events | <input type="checkbox"/> Docent/Education |
| <input type="checkbox"/> Horticulture/gardens | <input type="checkbox"/> Special projects | Art |
| <input type="checkbox"/> Animal care | | Forestry |
| <input type="checkbox"/> Aquatic care | <input type="checkbox"/> Councils (if available) | History |
| <input type="checkbox"/> Museum collections | Arboretum | Horticulture |
| <input type="checkbox"/> Gift Shop | Art | Natural Science |
| <input type="checkbox"/> Guest Service/Greeting | Forestry | Preschools |
| | | Grade schools |
| | | General public |

References

Please list *one personal* and *one professional* reference (not related to you)

Personal Reference: _____

Name	Relationship	Day phone	Evening phone
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Work Reference: _____

Name	Relationship	Day phone	Evening phone
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Have you ever been convicted of a felony or criminal offense? Yes _____ No _____
If yes, please complete the following:

Nature of conviction: _____ Date of conviction: _____

I give my permission for you to contact the people I have listed as my references.

Signature _____ Date _____

****If application is filled out by someone other than applicant please state name, phone #, and relationship to applicant.**

Name _____ Phone # _____

Relationship to applicant _____

Confidential Medical Emergency Form

Name _____

Phone (Day) _____

Emergency Contact

Name _____ Phone _____

Phone (cell) _____ Relationship _____

Family Doctor

Name _____ Phone _____

Physical conditions to be noted, such as allergies to bee stings, medications, etc.

By signature below, I understand that:

- 1) Any accident or injury resulting from my participation in the Turtle Bay's programs must be reported on an Accident/ Incident Report form.
- 2) Children under the age of 16 years must be accompanied by an adult while on Turtle Bay grounds unless enrolled in a pre-arranged program.
- 3) This form will be available for access by Turtle Bay management and staff supervising volunteers in the event of an emergency.

Signed _____ Date _____

Please return this application to:

Turtle Bay Exploration Park
Attn: Volunteer Department
1335 Arboretum Drive, Suite A
Redding, CA 96003
Phone: (530) 242-3112
Fax: (530) 242-3126