Volunteer Program Registration Form

We are proud to have many wonderful volunteers at FAU Pine Jog and we are always looking for more people who are interested in learning about the environment in South Florida. Become involved with a community of like-minded individuals who are interested in our programs and our 135 acre wildlife sanctuary. You will find it rewarding; whether it is getting involved in one of our many public programs, working on trail maintenance or assisting in our office environment. We know you will find joining our family to be a memorable experience and we look forward to working with you!

Name: ______________________________________________________________

Address: __________________________________________________________________________

City: __________________________________ State: _________________ Zip: _________________

Date of Birth: ________________ Phone # ________________ Email: __________________________

May we add you to our volunteer emailing or calls? YES_________ NO___________

When are you available?
____ Weekdays
____ Mornings
____ Afternoons
____ Evenings

I prefer:
____ Indoor work
____ Outdoor work
____ Special events/Public programs

Do you have any physical limitations? Yes_____ No______

If yes, please describe so we can be sure to identify appropriate volunteer opportunities:
_______________________________________________________________________________________

These hours for:  ___ School     ___ Scout Group     ___ Court Ordered     ___ Just to volunteer

I understand that all information on this form is voluntarily supplied and may be used and disclosed for volunteerism purposes only. I hereby volunteer my services and understand that I am not a paid employee at Pine Jog Environmental Education Center, or the College of Education, Florida Atlantic University.

Signature: _____________________________ Date: ___________________

For office use- D:_____________________________ S:______________ E:_______________
Emergency Contact Information

The information you provide will only be used in an emergency.

Volunteer Name: ___________________________________________________

Address:  
______________________________________________________________
______________________________________________________________
______________________________________________________________

Home Phone: ____________________________________________________

Cell Phone: ____________________________________________________

Primary Emergency Contact Person

Name: __________________________________________________________

Relationship: ___________________________________________________

Home Phone: ____________________________________________________

Cell Phone: ____________________________________________________

Secondary Emergency Contact Person

Name: __________________________________________________________

Relationship: ___________________________________________________

Home Phone: ____________________________________________________

Cell Phone: ____________________________________________________

Sign Name: _____________________________________________________

Date: __________________________
Appendix C: Assumption of Risk

Assumption of Risk Statement

I certify that I am in good health and capable of full participation in the activities of Pine Jog Environmental Education Center, College of Education, Florida Atlantic University. I am aware that during wilderness field trips and/or instruction courses that I am participating in under the arrangements of Pine Jog Environmental Education Center, that there are certain inherent risks and dangers involved in out-of-door activities. These may include but are not limited to physical exertion, the hazards associated with forest, lake and wetland terrain, the forces of nature, contact with water, plants, insects and animal life and travel by vehicle, boat, canoe and bicycle and any type of labor or practices associated with volunteer work.

I recognize the educational benefits of this program and acknowledge that my participation is completely voluntary. In consideration of my participation in such trips or other services and activities arranged for me by Pine Jog Environmental Education Center, I will and do hereby assume all of the above mentioned risks and will hold Pine Jog Environmental Education Center, College of Education, Florida Atlantic University, the Florida Atlantic University Board of Trustees, the State of Florida and its employees, agents, officers and teachers and volunteers harmless from any and all liability, actions, causes of actions, debts, claims, demands of every kind and nature whatsoever which may arise from or in connection with my participation in these activities. I have read and understand the provisions of the foregoing Assumption of Risk Statement and so freely accept its terms. I am fully cognizant of the fact that I may call Pine Jog Environmental Education Center to obtain further details about the program in which I am participating.

Parent approval and signature is required for anyone under 18 years of age.

Name __________________________  Signature __________________________  Date ___________

Student’s Name (if under 18 years of age) __________________________  Parent’s Signature __________________________  Date ___________
Photo/ Video Release Form

I hereby give permission for my name, likeness and biographical material to be used solely for the purposes of Florida Atlantic University-related promotional material and publications, and waive any rights of compensation or ownership thereto.

___ Student ___ Faculty ___ Staff ___ Other

Name of Participant (please print): __________________________________________________________

Address: ________________________________________________________________________________

City: ________________________ State: _____ ZIP: ______________

Phone number: __________________________

Email: _________________________________

Participant’s Signature: _________________________________________________________________

Date: ______________

If participant is a minor:

Name of Parent/Guardian: _______________________________________________________________

Parent/Guardian Signature: _______________________________________________________________

Date: ______________

Phone number: __________________________

Email: _________________________________

OFFICE USE ONLY:

M F • W B H A O ______ HR ______ TOP: ___________ BOT: ___________