



Sarasota Jungle Gardens

Adult Volunteer Application

General Information (PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS)			Date:
First Name:	Last Name:		MI:
Street Address:	City, State & Zip:		
	Home Phone:	Work Phone:	Cell Phone:
E-mail Address:			
Emergency Contact:		Relationship:	Phone:
What do you hope to gain by volunteering?			
How did you hear about our volunteer program?			
Do you have any special skills, experience or training that would relate to volunteering here?			
Have you previously participated in a volunteer program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and what did you do?			
What suggestions would you make to improve your previous volunteer experience? Please explain:			
Are you interested in volunteering in the <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Weekends <input type="checkbox"/> Weekdays List days/times available:			
Are you a year-round resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what months of the year do you live here?			
2nd Residential Address:		City, State & Zip:	
2nd Residential Phone:			
What activities do you see yourself doing as a volunteer?			
Are you comfortable working outdoors? <input type="checkbox"/> Yes <input type="checkbox"/> No			



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Adult Volunteer Application (continued)

What level of education have you completed? _____ What was your area of study? _____

Please list any special skills, certificates or licenses: _____

Other than English, do you speak another language? ☐ Yes ☐ No

☐ German ☐ French ☐ Spanish ☐ Italian ☐ Other Are you a translator? ☐ Yes ☐ No

Employment Information

Current Employer: _____ Occupation: _____

Supervisor's Name: _____ Phone Number: _____

If Retired, Last Employer: _____ Occupation: _____

Supervisor's Name: _____ Phone Number: _____

References

Two individuals, not related to you, that have known you for at least 2 years: (Name, phone number, job position, organization, length of relationship)

1. _____

2. _____

Medical Information

Is there any existing medical or physical information we should be aware of so that we can respond appropriately in an emergency?

☐ Yes ☐ No If yes, please explain: _____

Do you have any of the following?

☐ Allergies ☐ Heart problems ☐ Eye problems ☐ Asthma ☐ Back problems ☐ Diabetes

☐ Seizures ☐ Other: _____ Any other limitations? _____

Have you ever been convicted of a misdemeanor or a felony?

If yes, please explain and list dates: _____

Offense and disposition: _____

I have completed the application and have provided thorough and correct information. In the event that I become a volunteer, I agree to abide by all applicable rules, regulations and guidelines of Sarasota Jungle Gardens and fulfill my volunteer responsibilities as described. I understand that I volunteer my time and therefore, will not be compensated monetarily for the volunteer service. Also, in the event that I become an Sarasota Jungle Gardens volunteer and, in consideration thereof, the Gardens and any person it may authorize shall be entitled without further consent to copyright, sell or use in any manner any pictures or photography of myself or recording of my voice while at the Gardens. I also understand that the Sarasota Jungle Gardens reserves the right to recruit, assign and release volunteers and determine the utilization of volunteers in order to extend exceptional service to the public.

Signature: _____ **Date:** _____