



Charlotte Harbor Environmental Center – Cedar Point Environmental Park

(941) 475 - 0769
P.O. Box 163, Englewood, FL 34295 (Mailing Address)

Volunteer Application

**PLEASE MAIL OR EMAIL
COMPLETED FORM TO:**

Tome Shaaltiel
Education Program
Coordinator

Tome@checflorida.org

| | | | |
|--|--|--|------|
| Name: | | Date: | |
| Street Address: | | | |
| City: | | State: | Zip: |
| Phone: | | E-mail: | |
| Do you have any medical issues or allergies we should be aware of? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide details below. | | | |
| EMERGENCY CONTACT (printed name): | | | |
| Relationship to Volunteer: | | Phone: | |
| <i>If volunteer is under 18 years of age, please complete the following:</i> I, _____ (parent/guardian printed name), affirm that I am the parent/guardian of the above-named volunteer. I understand that the volunteer program does not provide compensation, except as otherwise provided by the law, and that the service will not convey on the volunteer the status of an employee. I give my permission for _____ (name of volunteer) to participate in volunteer activities sponsored by Charlotte Harbor Environmental Center. Signature: _____ Date: _____ | | | |
| For the protection of the students/youth who participate in CHEC programming, Florida law requires that we perform background checks on all volunteers. Costs accrued, if any, will be paid by CHEC. The following additional information is required to perform this background check: | | | |
| Driver's license #: | | Sex: <input type="checkbox"/> M <input type="checkbox"/> F | DOB: |
| Have you ever been convicted of any crimes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details below, including the year the incident took place. | | | |

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| OFFICIAL USE ONLY: Reviewed by: | Date: | Background Passed: Yes No |
|--|--------------|----------------------------------|

VOLUNTEER INTERESTS

Please provide information below regarding your interests in volunteering at:

CHEC Cedar Point Environmental Park, 2300 Placida Road, Englewood, FL 34224

Hours of availability (am/pm):

Mon _____ Tues _____ Wed _____ Thurs _____

Fri _____ Sat _____ Sun _____

Are you a seasonal resident? Yes No Dates of availability: _____

How did you hear about us?

Tell us why you'd like to volunteer here:

I am interested in donating my time to the following areas (check all that apply):

- Welcome Center Attendant: greet visitors, distribute information and gift shop sales
- Trail Maintenance Helper: mowing, trimming, exotic plant removal
- Site Maintenance Helper: carpentry, painting, small engine repairs, cleaning
- Butterfly & Native Plant Gardener: planting, weeding and watering
- Trail Guide: guide visitors along trails, identify flora and fauna
- Youth Education Assistant: assist Naturalist with school hikes, wading trips, summer camp, etc.
- Festivals and Events Helper: represent CHEC at events, educate public on CHEC programming
- Water Quality Monitor: take monthly sampling of estuary/canal water for analysis

Additional talents, areas of interest, or considerations:

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability. By my signature, I further understand and acknowledge that: • I will conduct myself in accordance with CHEC policies; • I give any organization involved with CHEC permission to photograph me and use these photographs/digital media for publicity purposes unless written notice is received to the contrary; • If I am hurt, I will report the accident to my direct supervisor by the end of that day; • I have not been convicted of any criminal offenses unless otherwise indicated above; • I voluntarily donate my time for public service. CHEC reserves the right to terminate my volunteer status at any time as a result of: a) failure to comply with organizational policies; b) absences without prior notification or repeated absences; c) unsatisfactory attitude, work or appearance; or d) any other circumstances which, in the judgment of the Volunteer Coordinator, would make my continued service as a volunteer not in the best interests of CHEC.

Signature _____ Date _____

Charlotte Harbor Environmental Center, Inc. WAIVER & RELEASE



In consideration of, and as a condition of, my participation in the Charlotte Harbor Environmental Center, Inc. programs, activities, outings, walks, tours, wading trips, kayak use, trips and volunteer work ("Activities" whether guided or not, and whether on the Charlotte Harbor Environmental Center, Inc. grounds or not) I, the undersigned, for myself, my heirs, executors, administrators and assigns, waive and release any and all claims for damages, death, personal injury or loss of property (collectively, "Claims") against Charlotte Harbor Environmental Center, Inc. ("CHEC"), and CHEC's members, officers, directors, employees, volunteers, guests, agents or representatives (collectively with CHEC, the "Released Parties"), which may arise from my attendance at, participation in, or observation of Activities.

I AM RELEASING THESE CLAIMS EVEN IF CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE, INCLUDING GROSS NEGLIGENCE, OR NEGLIGENT ACTIONS OR OMISSIONS OR OTHER FAULT OF THE RELEASED PARTIES OR ANY THIRD PARTIES, OR BY THE DANGEROUS OR DEFECTIVE CONDITION OF ANY PROPERTY OR EQUIPMENT OWNED, MAINTAINED OR CONTROLLED BY ANY OF THEM.

I enter the CHEC property at my own risk, and all of the Activities that I take part in are undertaken at my own risk. I fully understand that the topographic and other natural features upon which Activities are conducted, and the presence of wildlife can all pose a risk. I acknowledge that the risk of injury from Activities is significant, including the potential for permanent paralysis and death. I assume all such risks, both known and unknown. If I observe any unusual significant hazard during an Activity, then I will remove myself from the Activity.

I fully understand that I am forever giving up in advance any right to sue or make claims against the Released Parties if I suffer injuries and damages even though I do not know the extent of those injuries and damages, and I am voluntarily assuming the risk of such injuries and damages. I will assume my own medical and emergency expenses in the event of an accident or other incapacity or injury resulting from or occurring related to my attendance at, participation in or observation of the Activities.

I have read and understand everything written above and I voluntarily sign this Waiver and Release.

Signature: _____ Printed Name: _____

_____ Date: _____

Minors: I as parent or guardian am responsible for this minor participant in Activities, and I do consent to the minor's participation. On behalf of the said minor and myself, I agree to this waiver and release.

Name of minor _____ DOB of minor _____
Signature of parent or guardian _____
Relationship to minor _____
Emergency phone number _____ Date _____