



# VOLUNTEER PROGRAM APPLICATION

Please complete all of the following sections to the best of your ability with neat handwriting or type.

## Applicant Information:

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Applicant Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Emergency Contact Information:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Availability:

**Volunteer shifts run from 9:00am- 12:00pm or 1:00pm to 5:00pm. Circle or highlight what shifts you available for:**

	SUN	MON	TUES	WED	THURS	FRI	SAT
AM SHIFT:	9-12pm	9-12pm	9-12pm	9-12pm	9-12pm	9-12pm.	9-12pm
PM SHIFT:	1-5pm	1-5pm	1-5pm	1-5pm	1-5pm	1-5pm	1-5pm

Available dates for the volunteer program? \_\_\_\_\_ through \_\_\_\_\_

Earliest Date Available

Latest Date Available

Please answer the following questions accurately and completely. You are not limited to the space provided.

**Short Answer Questions**

1. Why do you wish to Volunteer for Dolphins Plus Marine Mammal Responder?
2. What do you expect a volunteer shift to be like?
3. Please list any prior experience and/or education as it relates to your volunteer application.
4. Do you think marine mammal facilities play a role in conservation? Explain your thoughts.
5. What are your views on zoos and aquariums?
6. After completing Level one, you have the opportunity to choose a focus area in Level Two. Which focus area are you interested in ?

**Background Information:**

Primary Language: \_\_\_\_\_

Have you ever been arrested or convicted of a felony? \_\_\_\_\_

(If yes,  
please explain) \_\_\_\_\_

The volunteer program involves working outdoors in hot and humid conditions. Volunteers spend a lot of time on their feet, working in the direct sun, and around water. Will you be comfortable working in these conditions?

\_\_\_\_\_

Do you have any medical conditions we should be aware of? \_\_\_\_\_

(If yes, please list them and any medications you are currently taking for these conditions.)

**Reference Contact Information:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

**Statement of Acknowledgement**

By submitting this application, the undersigned acknowledges that acceptance into the volunteer program is voluntary in nature, and Dolphins Plus Marine Mammal Responder does not compensate volunteers financially with stipends, or with housing. Volunteers acknowledge that all information on this application is true to the best of his/her knowledge. Additionally, the volunteer agrees to submit the volunteer application fee via email/mail in order for the application to be considered complete and be reviewed.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date