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|-------------|
| Date Rec'd: |
| Number:     |

**ROBINSON NATURE CENTER  
VOLUNTEER APPLICATION**

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

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

City/State/Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ (Relationship) \_\_\_\_\_ Phone: \_\_\_\_\_

Are you under 18 years of age?  Yes  No      Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Availability:  Days  Evenings

Which months are you available?  Jan  Feb  March  April  May  June  July  Aug  Sept  Oct  Nov  Dec

Which days are you available?  Sun  Mon  Tues  Wed  Thurs  Fri  Sat

Amount of hours per week you are interesting in volunteering: \_\_\_\_\_

Medical Information: Do you have any medical issues, allergies or disability concerns we should be aware of?  
\_\_\_\_\_

Please check your area(s) of interest for volunteering:

- Office Help     Children's Programs     Craft Preparation     Scout Programs     Photography
- Trail Work     Garden Work     Invasive Species     Computer     Gift Shop
- Archeology     Historical     Research/Library     Exhibit Docent     Front Desk
- Greenhouse     Special Events     Butterfly House     Animal Care     Other \_\_\_\_\_

Have you volunteered anywhere before? \_\_\_\_\_

What special skills and/or experience qualify you for the area(s) which you are interested in volunteering?  
\_\_\_\_\_  
\_\_\_\_\_

What are some of your objectives for being a volunteer? \_\_\_\_\_  
\_\_\_\_\_

Do you have a family member participating in the program you are volunteering for? Yes  No

If yes, please provide the name(s) of the participant(s): \_\_\_\_\_

How did you hear about volunteering at the Robinson Nature Center? \_\_\_\_\_

**General Information: Affirmative response to the following question will not automatically exclude you from volunteering. Have you ever been convicted of an offense in an adult court? Yes  No**

If yes, please explain: \_\_\_\_\_

I give Howard County Department of Recreation and Parks permission to do a background check prior to my volunteer assignment. I understand that my volunteer service is contingent upon receiving satisfactory background check results. I understand that I will not be paid as a volunteer. I understand that I will serve at the pleasure of the Appointing Authority of the Department/Agency (or their designee) and may be dismissed from my volunteer duties at any time, with or without cause. A volunteer may not be selected for volunteer service. This determination may be made with or without cause. I agree to perform the volunteer duties to which I am assigned to the best of my ability and in a professional manner. I understand that as a volunteer, authorized by the Volunteer Coordinator, I am afforded liability protection with respect to damages to third parties to the same extent as county employees, as long as I am acting within the scope of my duties as a volunteer. Howard County assumes no liability for injury to myself or damage to my personal property unless caused by the negligence of the County. On behalf of myself and/or my child, I understand that there are inherent dangers in any recreational activity or program such as slips, falls, and various athletic injuries related to sports and play. I/we hereby release and hold harmless Howard County, Maryland, its officials, agents and employees from liability or obligation arising from, or in connection with, my/my child's volunteer activities. Howard County Department of Recreation and Parks reserves the right to photograph programs and volunteers for publicity purposes.

***I hereby certify that the information provided above is true and complete and I accept the terms and conditions of volunteering for Recreation and Parks.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

***If volunteer is under 18 years of age, a parent or guardian must consent to an applicant's working as a volunteer. I hereby consent to my child's participation in the Howard County Department of Recreation and Parks volunteer program.***

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Please return this application to:**  
Volunteer Coordinator  
Robinson Nature Center  
6692 Cedar Lane  
Columbia, MD 21044  
410-313-0400

For Department Of Recreation And Parks Use Only:

Start date: \_\_\_\_\_ Length of Commitment: \_\_\_\_\_

Coordinator/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_