



Date Received:



VOLUNTEER APPLICATION

Please fill out all information. An email address is required.
(Email is our main method of communication with volunteers.)

Name:

Address:

City/State/Zip:

E-mail:

Work Phone:

Home Phone:

Cell Phone:

Emergency Contact:
Phone:

(Relationship)

Are you over 18 years of age? Yes No

Date of Birth (mm/dd/yyyy):

Number of hours per week you are interesting in volunteering:

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

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

Program Support	Conservation Stewardship Work	Critter Care	Photography
Outreach	Exhibit Docent	Craft Preparation	

Do you like working with...?	Do you like working..?	Do you like working..?	Do you like..?
children	indoors	with the public	creating things
teens	outdoors	behind the scenes	teaching
adults	both	both	research
all ages			gardening

Employment status:

Full Time	Part Time	Student	Retired	Unemployed
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Please list any recent/relevant previous volunteer experience.

What special skills/experience do you possess that will help you as a volunteer at the Robinson Nature Center?

What are some of your objectives for volunteering at Robinson Nature Center?

Please sign below when you have read and understood all statements.

Volunteers at Robinson Nature Center are an integral part of all operations – from trail maintenance to programming. We are very excited at your interest in volunteering with us! As a county-owned facility, we want you to be aware of some policies that may be different from those at non-profit nature centers you may have volunteered with before. These policies are in place for both your safety during your service as a volunteer and for the safety of the children you may be working with. Please see the following policies that Robinson Nature Center volunteers must agree to. Please don't hesitate to let us know if you have any questions!

I certify that the statements made in this Volunteer Application are true, correct, and given voluntarily. 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 nor given special rights for my services as a volunteer. 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. I understand that if I am unable to show up for a scheduled time for any reason, I am to notify the Nature Center as soon as possible. I will also not abuse any information, materials, or equipment I may use or obtain while volunteering. The 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