

Please fill out the form and attach a Letter of Recommendation (refer to #6).

Thank you for applying to the volunteer program at the Living Coast Discovery Center! Please take a few moments to complete the following short answer questions and essay question. This will need to be received (along with your application and Letter of Recommendation) prior to being invited to the Volunteer Orientation. Volunteer Orientations occur 3 times a year in the summer, fall, and winter.

Name of Applicant:	Phone: ()	 	
Address:		 	
City/State:	Zip:	 	
Select up to four th			
you would like to volunteer at th	e Living Coat Discovery Center:		
To develop skills for resume and future	employment		
To give back to the community by supp	oorting LCDC		
Social interactions with other volunteer	rs/ the chance to make new friends		
To learn more about our native plants a	nd animals		
To learn more about conservation and s	sustainability		
To talk to visitors of all ages about our r	native animals and habitats		
To work with animals			
To obtain required community service I	nours		
Can you commit to volunteer shifts once a week for one	e year?	🗌 no	

If no, can you commit to volunteer shifts once every other week (biweekly) for one year? If you are unable to volunteer for one full year, could you volunteer 100 hours within a set period of time?

yes	🗌 no
] yes	🗌 no
yes	🗌 no

Please answer the following 5 questions in complete sentences. You may type your answers and attach them as a separate page if preferred.

1. Why do you want to volunteer at the Living Coast Discovery Center?



## **Youth Volunteer Applicant: Short Answer**

Please provide clear answers to the following questions. If necessary, please attach additional pages.

2. What do you think is your greatest strength?

3. What do you hope to gain from this volunteer experience?

4. What are any special interests, qualities, abilities, or experience that you have that would be helpful for us to know?

5. Why should we choose you for this volunteer position?

6. Letter of recommendation: Attach a Letter of Recommendation from an adult who is not a relative and knows you very well, such as a teacher, advisor, employer, group leader, neighbor, coach, or family friend.

## Thank You!

For more information, please see our website at www.thelivingcoast.org/volunteer

Applicant's Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_



## PARENTAL PERMISSION FOR MINOR VOLUNTEER SERVICES

As a parent or legal guardian, I consent to allow my minor child or dependent to provide volunteer services to the Living Coast Discovery Center.

I hereby WAIVE, RELEASE AND DISCHARGE FROM LIABILITY THE Living Coast Discovery Center and its employees, volunteers, Board of Directors and representatives for death, in jury or property damage of the below minor or actions of any kind which may accrue to me as a result of the minor's participation in this activity and agree to IMDEMNIFY AND HOLD HARMLESS the above mentioned entities or persons from an and all liabilities or claims made byother individuals orentities as a result of any of the minor's actions during this activity except those claims arising for the sole negligence or willful conduct of the Living Coast Discovery Center or its agents. I certify that I have read this document and understand its contents. I further certify that I am the parent or legal guardian of the named minor.

Parent/Legal Guardian Signature	Date
Parent/Legal Guardian Printed Name	
Phone Number	
Minor's Name_(Print)	

LCDC Staff Use Only Received by:
Date Received: