



Volunteer Application

Thank you very much for your interest in joining Team ORCA. Volunteers are vital to support ORCA's mission. This application will us help match your background and interests with the opportunities available. We invite you to submit a completed Volunteer Application via fax to 772-467-1602, or by email to bgerovac@teamorca.org.

Personal Information

Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Highest Level of Education: _____ Academic Institution: _____

Major Degree (if applicable): _____

Current Employer (if applicable): _____

Cell Phone: _____ E-mail: _____

Secondary E-mail (Non-School Email): _____

Criminal History Verification

Have you ever been convicted of a crime, including sex-related or child-abuse offenses?

- Yes No

Availability

Period of time you would like to volunteer at ORCA:

- Summer Fall Semester Spring Semester Ongoing

Please check all that apply.

	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings					
Afternoons					

Number of hours you wish to volunteer each week: _____

- Are you available to assist with evening/ weekend events? Yes No



Interests

Which area(s) of ORCA's work are you interested in?

- Water/Environmental Monitoring
- Education
- Administrative Assistance
- Special Events
- Fundraising
- Other _____

Please outline your reasons for wanting to volunteer with ORCA. What are your specific interests and how do you hope to benefit from your experience as an ORCA volunteer?

List qualifications, skills and other resources you bring to this position:



Volunteer References

Please list two persons that are capable and willing to share their opinion about your skills, abilities and suitability for volunteering at ORCA.

Reference One:

Name: _____

Address: _____

Phone: _____ E-mail: _____

Relationship to volunteer candidate: _____

Length of relationship: _____

Reference Two:

Name: _____

Address: _____

Phone: _____ E-mail: _____

Relationship to volunteer candidate: _____

Length of relationship: _____

Please read carefully. A check in the box indicates agreement.

- I grant ORCA permission to contact the character references listed above. If accepted as an ORCA volunteer, I pledge to conduct myself in a responsible, safe and ethical manner when working on ORCA projects. Furthermore, I understand my status as an ORCA volunteer is a privilege which may be terminated at the sole discretion of ORCA management.

Signature of Applicant

Date

Name of Applicant

Note: Unless otherwise indicated, ORCA volunteer activities are typically conducted at ORCA's Duerr Laboratory for Marine Conservation located at 1420 Seaway Drive, Fort Pierce, FL 34949. If you have questions please contact Bridget Gerovac by phone (772-467-1600) or email (bgerovac@teamorca.org). If selected to volunteer with ORCA, you may be requested to sign a non-disclosure agreement before beginning volunteer activities.