



# GTMNERR VOLUNTEER APPLICATION

National  
Estuarine  
Research  
Reserve



NAME: \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
Last Name, first Name, Middle Initial

ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Include Apartment Number

DAY PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DRIVER LICENSE \_\_\_\_\_ / \_\_\_\_\_  
(Only required if operating a State Vehicle) Issuing State/  
Expiration Date

Over the age of 18?  Yes  No *If under 18 years of age, parent/guardian permission required.*

In Case of Emergency, please contact:

\_\_\_\_\_  
Name Phone Relationship  
\_\_\_\_\_  
Name Phone Relationship

What Months are you available for Volunteer Services, Check:

Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sept  Oct  Nov  Dec

What days of the week do you prefer?

Sat  Sun  Mon  Tue  Wed  Thu  Fri  am  pm

AM or PM

Type of volunteer service you are interested in (check one)  One-time  Occasional  Regular

Tell us about yourself. Please describe your background (educational and professional), including any special hobbies, interests, or skills, that may apply to your volunteer service with the GTMNERR

**Education:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Experience:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certifications, Qualifications, Skills:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Hobbies and Interests:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check any or all that apply:

	Skills	Interests
Research	<input type="checkbox"/>	<input type="checkbox"/>
Wildlife Survey/monitor	<input type="checkbox"/>	<input type="checkbox"/>
Botany/Horticulture	<input type="checkbox"/>	<input type="checkbox"/>
Water Quality Testing	<input type="checkbox"/>	<input type="checkbox"/>
Resource Management	<input type="checkbox"/>	<input type="checkbox"/>
History	<input type="checkbox"/>	<input type="checkbox"/>
Archeology	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Carpentry	<input type="checkbox"/>	<input type="checkbox"/>
Trail Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Beach Clean up	<input type="checkbox"/>	<input type="checkbox"/>
Educational Activities	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Education	<input type="checkbox"/>	<input type="checkbox"/>
Reading to Children	<input type="checkbox"/>	<input type="checkbox"/>
Crafts	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit Hall Docent	<input type="checkbox"/>	<input type="checkbox"/>
Trail Guide	<input type="checkbox"/>	<input type="checkbox"/>
Outreach Programs	<input type="checkbox"/>	<input type="checkbox"/>
Special Events/Projects	<input type="checkbox"/>	<input type="checkbox"/>
Interpretive Guide	<input type="checkbox"/>	<input type="checkbox"/>
Front Desk/Greeter	<input type="checkbox"/>	<input type="checkbox"/>
Clerical/Office Help	<input type="checkbox"/>	<input type="checkbox"/>
Nature Store	<input type="checkbox"/>	<input type="checkbox"/>
Photography	<input type="checkbox"/>	<input type="checkbox"/>
Design/Illustration	<input type="checkbox"/>	<input type="checkbox"/>
First Aid	<input type="checkbox"/>	<input type="checkbox"/>
ATV	<input type="checkbox"/>	<input type="checkbox"/>
Data Entry	<input type="checkbox"/>	<input type="checkbox"/>
Administrative Work	<input type="checkbox"/>	<input type="checkbox"/>

**Health and Safety:** Although volunteers are not required to answer the following questions, we want to do everything we can to protect you while you help us protect our natural resources. This information will be kept confidential and any information provided is voluntary.

Can you swim? Yes    No

Do you have a history of back trouble? Yes    No (If yes please explain)\_\_\_\_\_

Do you have any allergies of concern? (I.e. bee stings, poison ivy, etc.)\_\_\_\_\_

**Special Provisions:** The volunteer understands that volunteer services will be provided to GTM National Estuarine Research Reserve and the Department of Environmental Protection (DEP) with no monetary or material compensation. Volunteers are not considered employees of the State of Florida. Volunteers are covered by state liability protection (Chapter 20.551) Volunteers are expected to comply with DEP and GTMNERR department standards of conduct and other applicable rules.

This agreement may be cancelled at any time following notice from either party. Upon termination of this agreement, all uniforms, ID cards, and other supplied NERR property shall be returned.

Furnishing the requested information on this form is done voluntarily. This information is considered confidential and will be used only to contact applicants and for interview and select for appropriate volunteer assignments and GTMNERR activities.

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

\_\_\_\_\_  
Date

**Youth Volunteer Permission**

I, the undersigned parent or legal guardian, do hereby grant permission for the above-named Applicant to participate in volunteer activities at GTM National Estuarine Research Reserve.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date



**Florida Department of Environmental Protection**  
GTM National Estuarine Research Reserve  
505 Guana River Rd  
Ponte Vedra Beach, FL 32082  
904-823-4500    FAX 904-825-6829  
[www.dep.state.fl.us/coastal](http://www.dep.state.fl.us/coastal)

