



Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home & Cell Phone	
E-Mail Address	
Speak a foreign language? (which one)	

Experiences

Occupation Past or Present:		
Place of Employment:		
Does your company give grants to non-profit organizations?	Yes	No
Does your company have a matching fund program?	Yes	No

Interests

Please check your preferred interest and circle the volunteer opportunity you would like to begin your initial training:

<input type="checkbox"/> Environmental Education Class & Field Trip Instructors, Scout Programs
<input type="checkbox"/> Stewardship Prairie Friday; Stewardship Saturday; Animal Care; Bird Counts
<input type="checkbox"/> Visitor Services Greeters; Interpretative Trail Guides; Cultural & Natural History Demonstrators; Outreach; Front Desk; Canoe Guides
<input type="checkbox"/> Facilities Maintenance Care of grounds, equipment & buildings; Gardening Crew

Availability

When are you available? Weekend: _____ Weekday: _____ Both: _____
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Previous Volunteer Experience

Summarize your previous volunteer experience.



P.O. Box 58828 • Houston, Texas 77258
(281) 474-2551 • Fax: (281) 474-2552 • www.abnc.org

Armand Bayou Nature Center
Photograph and Publicity Release

PLEASE PRINT CLEARLY

My name and signature on this document authorizes Armand Bayou Nature Center to use my name, image, voice, and/or appearance, or that of my child named below, as may be found in any photographs, video recordings, audiotapes, digital images and similar forms taken or made on behalf of Armand Bayou Nature Center programs and/or activities for public relations purposes without payment or any other consideration.

Name: _____

If under 18, Parent's Name: _____

Address: _____ Phone: (____) _____

City _____ State: ____ Zip Code: _____

SIGNATURE: _____ **DATE:** _____

The information on this form is collected exclusively for and is needed to obtain your consent for the use of your photograph/image/audio recording. The information will be used by the Armand Bayou Nature Center only for the purpose of verifying that proper consent has been provided. If you have any questions about the collection, use or disclosure of this information by the Nature Center, please contact: Executive Director, Armand Bayou Nature Center, PO Box 58828, Houston TX 77258, 281-474-2551 or email abnc@abnc.org.

Armand Bayou Nature Center is a not-for-profit 501 (c) (3) corporation (Federal Tax # 23-7403757). All donations to ABNC (minus fair market value) are tax deductible to the extent allowed by the law.

EMERGENCY INFORMATION

PRINT NAME _____

Do you have any physical limitations that preclude you from performing any volunteer work for which you are trained or in which you might participate?

_____ Yes _____ No if yes, please describe:

What can be done to accommodate your limitations?

Do you have any physical conditions or allergies you feel we should know about?

_____ Yes _____ No if yes, please describe:

IN CASE OF EMERGENCY, NOTIFY: _____

Name

Address

Phone

DOCTOR PREFERENCE: _____

Name

Phone

HOSPITAL PREFERENCE: _____

Name

Phone

Authorization and Consent for Disclosure of Criminal History Information

In connection with the evaluation of my suitability for employment or volunteer status, I give my consent for **Armand Bayou Nature Center (ABNC)** to obtain criminal history information related to my application for employment/volunteer status. I understand that the criminal history information includes any criminal conviction records for deferred adjudication, misdemeanor or felony offenses at age 17 or older. Any such information will be used solely for employment/volunteer status related considerations and not for any other purpose.

I authorize, consent, and grant permission to any person or entity to release to ABNC any and all information regarding my criminal history. I waive any and all claims I may have with respect to providing such information. I understand ABNC is not responsible for the accuracy or completeness of the information contained in such reports. I release ABNC from any and all liability, claims, and lawsuits with respect to the information obtained from any or all the sources used by ABNC.

I understand that this authorization is not an offer of employment/volunteer status by ABNC and that any false or misleading information I have provided to ABNC may result in a refusal to hire, promote, reassign, or continue employment/volunteer status. I also understand that this authorization is a continuing authorization and will remain valid until such time as I inform ABNC in writing that I revoke this authorization.

Position applied for: _____ employment _____ volunteer

Print Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Date of Birth _____ Male _____ Female
(MM/DD/YYYY)

(Social Security Number) (Driver's License Number) (State)

Signature of Applicant

Date

Notice: Armand Bayou Nature Center maintains the information collected through this form. Under Sections 552.021 and 552.023 of the Texas Government code, you are also entitled to receive and review the information. Under Section 559.004 you are also entitled to have this information corrected.

Armand Bayou Nature Center Box 58828 Houston, TX 77258 281-474-2551 abnc.org
Adopted 07/18/2007