



ARMAND BAYOU NATURE CENTER *VOLUNTEEN* APPLICATION

PRINT CLEARLY!

NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
HOME PHONE	
EMAIL	
SCHOOL	
GRADE LEVEL	
D.O.B.	

Personal Information:

Have you ever attended EcoCamp as a camper? _____

Have you ever volunteered at ABNC event? ____ Please give details: _____

Explain why you would like to volunteer at ABNC: _____

Work Experience- List your most recent job/volunteer experience and briefly describe your responsibilities: _____

Are you currently CPR/First Aid or Canoe certified? _____ Date? _____

Do you have a special skill or additional language? _____

Are there any special considerations that make affect your volunteer work at ABNC or that supervisors should be aware of, (ie: allergies...) _____

When are you available to volunteer? _____

Guardian Contact Information: Please Print Clearly!

To be filled out and signed by the legal guardian of the teen volunteer:

Volunteer Full Name: _____

Guardian Name: _____ Relationship: _____

Guardian Email: _____

Daytime Phone: _____ Secondary # _____

In case of emergency, volunteer will be taken to the nearest hospital

Guardian Authorization

I give my permissions for my child to volunteer at ABNC and hereby release and hold harmless Armand Bayou Nature Center and its staff against any and all losses, liabilities, expenses and causes of action for personal injury or death of my child resulting from attendance at ABNC.

(Signature of Legal Guardian)

(Date)

Media release: I hereby authorize Armand Bayou Nature Center to use and reproduce photographs, film and videotape taken of my child and to circulate same for advertising and publicity of all kinds.

(Signature of Legal Guardian)

(Date)

Return forms with a letter of reference from a non-family member over the age of 18 to:

ABNC Education Department 713-274-2667

Teen Volunteer Co-ordinator