



South Slough Volunteer Application



Date: _____ Email _____

Name _____ Phone _____

Mailing Address _____ City _____ State/Zip _____

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

Type of Volunteer Service that interests you: One-time Occasional Regular

Do you prefer: Indoor Work Outdoor Work Either

Days/Hours you are available: _____

Have you volunteered at South Slough before? Yes No If yes, when and what did you do?

What areas of volunteer work most interests you? Check all that apply.

<input type="checkbox"/> Front Desk/Greeter	<input type="checkbox"/> Marsh Bird Monitoring	<input type="checkbox"/> Festival Booth Docents
<input type="checkbox"/> Landscape/Trail Maintenance	<input type="checkbox"/> Sea Grass Monitoring	<input type="checkbox"/> Marsh Plant Sampling
<input type="checkbox"/> Guiding Trail Walks	<input type="checkbox"/> Event Planning/Coordination	<input type="checkbox"/> Aquaria Maintenance
<input type="checkbox"/> Assist with Interpretive Programs	<input type="checkbox"/> Working with children	<input type="checkbox"/> Bird Watching
<input type="checkbox"/> Friends of South Slough Board	<input type="checkbox"/> Deliver speaking presentations	<input type="checkbox"/> Native Plant Gardening
<input type="checkbox"/> Exhibit Preparation	<input type="checkbox"/> Presence/Absence Monitoring	<input type="checkbox"/> Other _____

Please indicate the qualifications, experience, skills you would like to contribute as a volunteer:

Are you currently... employed? in school?

Where? _____

Department of State Lands/South Slough National Estuarine Research Reserve

PO Box 5417, 61907 Seven Devils Road

Charleston, OR 97420 Phone 541-888-5558 FAX 541-888-5559

www.southsloughestuary.org



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What other community activities are you/have you been involved in?

Educational background and interests (both formal and informal)

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 help us do that. This information will be kept confidential and any information provided is voluntary.

Can you swim? Yes No

Do you have experience operating boats? Yes No Paddle Craft? Yes No (Please describe)

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.)

Please describe any other physical conditions that we should know about (i.e. hypoglycemia, diabetes, heart condition, etc.).

Do these conditions affect your activity level in any way?

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References

Please list names and phone numbers of three people who have first hand knowledge of your personality, character and work habits.

Name	Phone	Relationship/# Years Known
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contacts

In case of an Emergency, accident, serious illness, I would like to have the following person(s) notified:

FIRST

SECOND

Name _____	Relationship _____
Address _____	
Home Phone _____	Business Phone _____

Name _____	Relationship _____
Address _____	
Home Phone _____	Business Phone _____

Special Provisions:

The Volunteer understands that volunteer services will be provided to South Slough National Estuarine Research Reserve and Division of State Lands (DSL) with no monetary or material compensation. Volunteers are not considered employees of the State of Oregon.

As a public educational organization, the reserve is dedicated to presenting information in a way that is free of judgment and side-taking. The reserve understands that its staff, volunteers, and training program participants have their own personal opinions. While the reserve does not expect anyone to give up those personal opinions, they must be withheld when you are interacting with our visitors or when you are representing the reserve. This includes refraining from wearing campaign items or promotion of political positions while on duty or representing the reserve.

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Volunteers are expected to comply with DSL and South Slough NERR department standards of conduct and other applicable rules.

Privacy Statement

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

Signature _____

Date _____

**If under 18 years of age, parent or guardian must sign below.*

Parent/Guardian Signature _____

Date _____

Authorization for Release of Information

As part of my application for the South Slough Volunteer Program, I authorize the release of any and all information relevant to my character and/or employment which may be requested in evaluating my qualifications for the volunteer program.

I release all parties and persons connected with any request for information from all claims, liabilities, and/or damages for whatever reasons arising out of furnishing such information.

Name (please print) : _____

Signature: _____ Date: _____

**If under 18 years of age, signature of parent/guardian is required:*

Name (please print) : _____

Signature: _____ Date: _____

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