



DOGWOOD CANYON Audubon CENTER AT CEDAR HILL

Volunteer Application

Contact Information

Name		Date of birth (MM/DD/YEAR)	
Address		City, State, Zip Code	
Home Phone		Cell Phone	
E-Mail Address			

Availability

During which days/hours are you available for volunteer assignments? Check all that apply.

Day	Morning (9am – 1 pm)	Afternoon (1pm – 5 pm)	Evening (as needed, times vary)
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

How often?	Mark with (x)
Weekly	
Monthly	
Other(Please list):	

Interests

How did you hear about this volunteer opportunity?

Why are you interested in volunteering at Dogwood Canyon Audubon Center?

Tell us in which areas you are interested in volunteering (Scale of 1-10, 1 = greatest interest)

- Habitat Conservation (trail, garden, prairie maintenance)
- Reception/Nature Store (Greet guests, Center information, sell instore items)
- Marketing (Online checklists, distribute flyers in local businesses)
- Special Events/Outreach (Information table at festivals/events)
- Eco-Investigations Docent (Educator for school programs, weekdays)
- Other Docent Areas (Scout Badges, Guided hikes, typically weekends)
- Animal Care

Special Skills or Qualifications

Summarize special skills you have acquired from employment, other volunteer work, or interests, including hobbies or sports (photography, carpentry, computer skills, teaching, field experience, etc.).

Medical Information and Consent

Person to Notify in Case of Emergency (Please list 2 people we can contact in case of emergency)

Name		Phone	
Name		Phone	

In case of emergency, I'd prefer to be taken to:

Nearest hospital

Other

Please list any allergies:

Please list any medications you are currently using:

Please describe any medical conditions we should know about (e.g., epilepsy, asthma, etc.):

Please describe any other conditions you think we should know about (e.g. fear of heights):

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

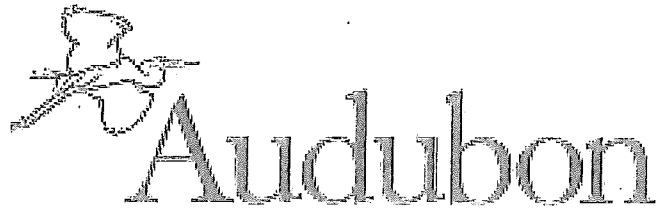
Signature		Date	
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Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.





CONFIDENTIALITY AGREEMENT BY A VOLUNTEER

Audubon Office: Audubon Texas
Volunteer's Duties: Education, Outreach, Reception, Habitat Conservation
or other duties associated with Center programs and
activities.
Audubon Project Manager: Julie Collins

In consideration of my participation as a volunteer in the National Audubon Society, Inc. ("Audubon") office described above, I state and agree as follows:

I shall treat as confidential all data, records and accounts, information, operations, policies, procedures, personnel, marketing plans or prospects and all other information, which becomes known to me through my activities hereunder and which is not otherwise in the public domain or rightfully obtained from another source. During the term and after termination of my services to Audubon, I shall not use or disclose any such protected information, except in accordance with the terms of this agreement or as required by law, regulation or court order. All records, reports, notices, valuations, lists, data and other documents prepared by me shall be the property of Audubon and I shall deliver any such documents to Audubon upon Audubon's request.

By signing below, I acknowledge that I have thoroughly read and understand this form and that the statements I have made are all true.

Sign Name: _____

Print Name: _____

Date: _____

**RELEASE OF LIABILITY & USE OF IMAGE
BY AN ADULT PARTICIPANT**

Program: _____ Site: Dogwood Canyon Audubon Center
Program Leader(s): _____ Date of Participation: _____

In consideration of my participation in the National Audubon Society, Inc. ("Audubon") program identified above (the "Program"), I state and agree as follows:

I agree and understand that recordings, which may include my image, appearance, voice, name and/or biographical material ("My Likeness") may be made and/or produced at the Program. I hereby give Audubon permission to use, reproduce, duplicate, broadcast and distribute My Likeness, in any and all media, including but not limited to the Internet, whether now known or hereafter devised, in perpetuity. I agree that I have no claim for compensation, that My Likeness may be used in commercial or advertising materials, that My Likeness may be edited at Audubon's sole discretion, and that I waive any right to inspect or approve the finished version.

I agree that Audubon may use, reproduce, display, make derivative works and distribute any materials I create while participating in the Program ("Artwork"), or any parts thereof, in any and all media, including on the Audubon website and in Audubon magazine, and permit Audubon to use the Artwork in connection with fundraising appeals. Audubon's license to use the Artwork shall be perpetual, royalty-free and non-exclusive.

I agree to follow the instruction of the Program Leader(s). I have been instructed in and understand the use of equipment I am to use. I understand that there are possible dangers associated with the Program, including, but not limited to, to biting and/or stinging insects, animals, adverse weather conditions, uneven terrain, etc. I understand that my participation in the Program may involve sustained strenuous physical activity. I am in good health and am aware of no physical problem or condition that will limit or interfere with my ability to participate in the Program.

I agree that I am participating in the Program at my own risk, and acknowledge that Audubon has made no warranty or representation, expressed or implied, regarding the safety of conducting the Program.

I expressly release and hold harmless Audubon and its officers, directors, employees, agents, licensees, successors and assigns from and for any and all claims, demands, actions and causes of action whatsoever for (i) libel, defamation, invasion of privacy or right of publicity arising from Audubon's use or alteration of My Likeness (or any part thereof); or (ii) any loss, damage or injury to person or to property suffered or incurred by me in connection with the Program or any aspect of it, including, but not limited to, any transportation arranged by, paid for or provided by Audubon.

This release shall be binding upon me and my heirs, next of kin, executors, administrators and assigns. By signing below, I acknowledge that I have thoroughly read and understand this form and that the statements I have made are all true.

Participant Information:

Participant's Name (print) _____ Participant's Name (sign) _____ Date _____

Emergency Contact Information:

Emergency Contact Name _____ Emergency Contact Phone Number _____



CRIMINAL BACKGROUND CHECK CONSENT AND AUTHORIZATION TO OBTAIN CONSUMER REPORT

FAIR CREDIT REPORTING ACT CONSUMER DISCLOSURE AND GENERAL AUTHORIZATION

I understand that National Audubon Society, Inc. ("Audubon") may utilize the services of a third party consumer reporting agency as part of the procedure for processing my application for volunteering. I also understand if my application for volunteering is granted, Audubon may obtain further information through subsequent investigations by a consumer reporting agency so as to update, renew or extend my volunteer status.

I understand a consumer reporting agency's investigation may include obtaining information regarding my criminal conviction background consistent with federal and state law. I understand a criminal background check may be conducted by direct or indirect contact with public agencies or other persons who may have such knowledge.

I also understand that before I am denied the ability to volunteer based, in whole or part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the federal Fair Credit Reporting Act.

I understand if I disagree with the accuracy of any information in the report, I must notify Audubon within five days of my receipt of the report. If I notify Audubon within five days of the receipt of the report that I am challenging information in the report, Audubon will not make a final decision on my volunteer status until after I have had a reasonable opportunity to address the information contained in the report.

I hereby consent to this investigation and authorize Audubon to procure a report on my background as stated above. The report is to be completed by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439, 800-886-4777, www.orangetreescreening.com.

Audubon may not obtain any consumer report on you for volunteer purposes/medical staff privileges without your written consent. Also, Audubon may not obtain medical information about you without your express consent to the release of medical information. Consent to the release of medical information, is *not* covered by the authorization contained in this document.

State-specific information:

- **New York residents only:** By signing below, you also acknowledge receipt of Article 23-A of the New York Corrections Law. You have the right to inspect and receive a copy of any investigative consumer report requested by Audubon by contacting the consumer reporting agency identified above directly.
- **Minnesota and Oklahoma residents only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by Audubon.
- **California residents only:** If you are a California resident or applying to volunteer at an Audubon location in the State of California, in addition to this disclosure/authorization, please review and complete the "**Disclosure and Acknowledgement Concerning Consumer Credit Report Obtained for Volunteer Purposes Pursuant to California Law**" document below.

****CALIFORNIA APPLICANTS OR RESIDENTS ONLY****

DISCLOSURE AND ACKNOWLEDGEMENT CONCERNING CONSUMER CREDIT REPORT OR INVESTIGATIVE CONSUMER REPORT OBTAINED FOR VOLUNTEER PURPOSES PURSUANT TO CALIFORNIA LAW

In connection with your application for volunteering with The National Audubon Society ("Audubon"), a third party agency will obtain a consumer report or an investigative consumer report on you, as defined in the California Consumer Credit Reporting Agencies Act, Cal. Civ. Code §1785.1 et seq., and the California Investigative Consumer Reporting Agencies Act, Cal. Civ. Code §1786 et seq. An "investigative consumer report" includes information as to your character, general reputation, personal characteristics, and mode of living.

The requested investigation on you may include one or more of the following searches; government databases; criminal



history record; motor vehicle driver record; civil courts; identity; credit report, education credentials; professional credentials and employment history.

California law requires that you check the following box to indicate your desire to receive a copy of the report.

Please forward a copy of the report to my attention at the following address.

Street:

Apt/Unit #:

City:

State:

ZIP Code:

Information You May Request If An Investigative Consumer Report Is Obtained

(Summary of Cal. Civ. Code § 1786.22)

If Audubon obtains an investigative consumer report on you, you may inspect or obtain a copy of your file and certain other information that is maintained by Audubon's third party agency. In addition to making your file available for your inspection, Audubon's third party agency will identify the recipients of any investigative consumer report on you that they have furnished for employment, insurance, or any other purpose within the three-year period preceding your request, and the dates, original payees, and amounts of any checks or charges upon which any adverse characterization of you that may be included in your file is based.

During normal business hours and on reasonable notice, Audubon's third party agency will make your file and other information available to you: 1) In person, if you appear in person and furnish proper identification. A copy of your file will also be available to you for a fee not to exceed the costs of duplication; and/or 2) by certified mail, if you make a written request, with proper identification, for copies to be sent to a specified addressee but, in complying with such a request, Audubon's third party agency will not be liable for disclosures to additional parties that may be caused by mishandling of mail after such mailings are sent.

Audubon's third party agency will provide a summary of all information contained in your file which is required to be provided to you, by telephone, if, with proper identification, you have made a written request for telephone disclosure, and you have prepaid, or had charged directly to you, any toll charge for the telephone call. "Proper identification" as used means that information generally deemed sufficient to identify a person, including documents such as a valid driver's license, social security account number, military identification card, and credit cards. You may be accompanied by one other person of your choosing who shall furnish reasonable identification. Audubon's third party agency may require you to furnish a written statement granting them permission to discuss your file in such person's presence.

Audubon's third party agency will provide trained personnel to explain to you any information provided to you, and will provide a written explanation of any coded information contained in your files.

By signing the Fair Credit Reporting Act Consumer Disclosure and General Authorization of Report for Volunteer Purposes, I have authorized Audubon to obtain a consumer report, or an investigative consumer report, on me.

This is to confirm that I have read, and hereby acknowledge receipt of, the information set forth above concerning my rights under the laws of California.

California Applicant's Signature: _____

APPLICANT AUTHORIZATION:

This information provided on this form will be used for purposes of identification only. Audubon does not discriminate on the basis of age or any other category prohibited by law.

I certify that the information I provide on this form is true and complete.

Applicant's Signature: _____

Applicant Information:

Legal Last Name: Legal First Name: Legal Middle Name:

Phone: Email:

Social Security #: Date of Birth:

Driver License/ID#: State:

*****This information will be used for purposes of identification only. Federal law prohibits discrimination on the basis of age, gender, race, color, creed, religion or national origin.***

Other Names Used:

Last Name:

First Name:

Middle Name:

From (Month/Year):

To (Month/Year):

Last Name:

First Name:

Middle Name:

From (Month/Year):

To (Month/Year):

Last Name:

First Name:

Middle Name:

From (Month/Year):

To (Month/Year):

Last Name:

First Name:

Middle Name:

From (Month/Year):

To (Month/Year):

Last Name:

First Name:

Middle Name:

From (Month/Year):

To (Month/Year):

Your Residencies Within the Last 7 Years:

Current Street Address:

Apt:

City:

State:

ZIP Code:

Street Address:

Apt:

City:

State:

ZIP Code:

Street Address:

Apt:

City:

State:

ZIP Code:

Street Address:

Apt:

City:

State:

ZIP Code:

Street Address:

Apt:

City:

State:

ZIP Code: