



Howard County

RECREATION & PARKS

Date Rec'd:

Number:

ROBINSON NATURE CENTER VOLUNTEER APPLICATION

Name: _____

Address: _____

City/State/Zip: _____ E-mail: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ (Relationship) _____ Phone: _____

Are you under 18 years of age? ☐ Yes ☐ No Date of Birth (mm/dd/yyyy): _____

Availability: ☐ Days ☐ Evenings

Which months are you available? ☐ Jan ☐ Feb ☐ March ☐ April ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

Which days are you available? ☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat

Amount of hours per week you are interesting in volunteering: _____

Medical Information: Do you have any medical issues, allergies or disability concerns we should be aware of?

Please check your area(s) of interest for volunteering:

- | | | | | |
|--------------------------------------|--|--|---|--------------------------------------|
| <input type="checkbox"/> Office Help | <input type="checkbox"/> Children's Programs | <input type="checkbox"/> Craft Preparation | <input type="checkbox"/> Scout Programs | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Trail Work | <input type="checkbox"/> Garden Work | <input type="checkbox"/> Invasive Species | <input type="checkbox"/> Computer | <input type="checkbox"/> Gift Shop |
| <input type="checkbox"/> Archeology | <input type="checkbox"/> Historical | <input type="checkbox"/> Research/Library | <input type="checkbox"/> Exhibit Docent | <input type="checkbox"/> Front Desk |
| <input type="checkbox"/> Greenhouse | <input type="checkbox"/> Special Events | <input type="checkbox"/> Butterfly House | <input type="checkbox"/> Animal Care | <input type="checkbox"/> Other _____ |

Have you volunteered anywhere before? _____

What special skills and/or experience qualify you for the area(s) which you are interested in volunteering?

What are some of your objectives for being a volunteer? _____

Do you have a family member participating in the program you are volunteering for? Yes ☐ No ☐

If yes, please provide the name(s) of the participant(s): _____

How did you hear about volunteering at the Robinson Nature Center? _____

General Information: Affirmative response to the following question will not automatically exclude you from volunteering. Have you ever been convicted of an offense in an adult court? Yes ☐ No ☐

If yes, please explain: _____

I give Howard County Department of Recreation and Parks permission to do a background check prior to my volunteer assignment. I understand that my volunteer service is contingent upon receiving satisfactory background check results. I understand that I will not be paid as a volunteer. I understand that I will serve at the pleasure of the Appointing Authority of the Department/Agency (or their designee) and may be dismissed from my volunteer duties at any time, with or without cause. A volunteer may not be selected for volunteer service. This determination may be made with or without cause. I agree to perform the volunteer duties to which I am assigned to the best of my ability and in a professional manner. I understand that as a volunteer, authorized by the Volunteer Coordinator, I am afforded liability protection with respect to damages to third parties to the same extent as county employees, as long as I am acting within the scope of my duties as a volunteer. Howard County assumes no liability for injury to myself or damage to my personal property unless caused by the negligence of the County. On behalf of myself and/or my child, I understand that there are inherent dangers in any recreational activity or program such as slips, falls, and various athletic injuries related to sports and play. I/we hereby release and hold harmless Howard County, Maryland, its officials, agents and employees from liability or obligation arising from, or in connection with, my/my child's volunteer activities. Howard County Department of Recreation and Parks reserves the right to photograph programs and volunteers for publicity purposes.

I hereby certify that the information provided above is true and complete and I accept the terms and conditions of volunteering for Recreation and Parks.

Signature of Applicant

Date

If volunteer is under 18 years of age, a parent or guardian must consent to an applicant's working as a volunteer. I hereby consent to my child's participation in the Howard County Department of Recreation and Parks volunteer program.

Signature of Parent/Guardian

Date

Please return this application to:
Volunteer Coordinator
Robinson Nature Center
6692 Cedar Lane
Columbia, MD 21044
410-313-0400

For Department Of Recreation And Parks Use Only:

Start date: _____ Length of Commitment: _____

Coordinator/Supervisor Signature: _____ Date: _____