



# Gulfarium C.A.R.E. Center Volunteer Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone ( )	E-mail Address		
Are you able to provide your own reliable transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you able to commit to a minimum of four shifts (4 hours each) per month for 6 months? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Do you have any physical limitations? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, explain:	
Are you able to lift 50lbs? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		If no, are you authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever worked for this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, when?	
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, explain:	

EDUCATION	
Highest Level of Education Completed <input type="checkbox"/> High School Diploma / GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD <input type="checkbox"/> Other <span style="float: right;">*Optional information</span>	
School	City State
Actual or Projected Graduation Date*	Field of Study*

ACADEMIC CREDIT	
If selected, will you be receiving academic credit for your time? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>If receiving credit, fill out information below. <span style="float: right;">*Please note we do not offer community service court-appointed opportunities.</span></i>	
Advisor/Superior's Name	Title
Advisor/Superior's Mailing Address	
City	State Zip
Email	Phone Fax

CERTIFICATION AND QUALIFICATIONS	
What days of the week do you prefer to volunteer? <input type="checkbox"/> ANY <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	
What shifts do you prefer? <input type="checkbox"/> ANY <input type="checkbox"/> 7:00AM – 11:00AM <input type="checkbox"/> 9:00AM – 1:00PM <input type="checkbox"/> 12:00AM – 4:00PM <input type="checkbox"/> AFTER 4:00 PM	
Please select which areas interest you: <input type="checkbox"/> Education / Outreach <input type="checkbox"/> Daily Husbandry <input type="checkbox"/> Exhibit Maintenance <input type="checkbox"/> Fundraising <input type="checkbox"/> Social Media <input type="checkbox"/> Medical Treatments <input type="checkbox"/> Releases	
Please list any relevant organizational affiliations:	



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Please list any special skills, training, or certifications:

## PREVIOUS EMPLOYMENT OR VOLUNTEER EXPERIENCE

Company		Phone (    )	
Address		Supervisor	
Job Title	From	To	<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> VOLUNTEER
Responsibilities			
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Company		Phone (    )	
Address		Supervisor	
Job Title	From	To	<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> VOLUNTEER
Responsibilities			
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Company		Phone (    )	
Address		Supervisor	
Job Title	From	To	<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> VOLUNTEER
Responsibilities			
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

## DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a position as a volunteer, I understand that false or misleading information in my application or interview may result in my release of duty as a volunteer for the Gulfarium C.A.R.E. Center.

I agree to abide by Gulfarium C.A.R.E. Center's policies and procedures as well as rules and regulations set forth in the Volunteer Handbook in conjunction with Florida Fish & Wildlife Commission's Sea Turtle Permit Holder Policies. Failure to do so will result in immediate release of volunteer duties.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please include responses to the following questions in your application submission packet:

1. What are your opinions regarding animals under human care?
2. What do you hope to gain from this experience?
3. What interests you the most about the Gulfarium C.A.R.E. Foundation?

Mail application to: Gulfarium C.A.R.E. Foundation • Attn: Medical & Stranding Coordinator • 1010 Miracle Strip Pkwy SE • Fort Walton Beach, FL 32548

Email complete application (scanned or pdf documents) to: [care@gulfarium.com](mailto:care@gulfarium.com)