



**Bob Jones Nature Center**  
355 E. Bob Jones Road  
Southlake, TX 76092  
817.491.6333  
admin@bjnc.org

Please complete this application form if you are interested in becoming a Bob Jones Nature center adult volunteer. Once you complete this form, please scan and email to [admin@bjnc.org](mailto:admin@bjnc.org) or mail or bring to the address above.

**Application Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name and address**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contact**

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Demographic Information**

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**GENDER:** \_\_\_ Male \_\_\_ Female      **AGE:** \_\_\_ Under 18 \_\_\_ 64 and under \_\_\_ 65 and over

**ETHNICITY:** \_\_\_ African American/Black \_\_\_ American Indian \_\_\_ Asian \_\_\_ Caucasian/White  
\_\_\_ Hispanic/Latino \_\_\_ Other/Multiple

*This information is collected for use in grant applications and reporting. Providing this information is completely voluntary.*

**Volunteer Information**

How did you hear about Bob Jones Nature Center?

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Why are you interested in becoming a Bob Jones Nature Center Volunteer?

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Please describe your employment experience and any education background you have.

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Please describe any previous volunteer experience you have.

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Do you have any allergies or physical or other disabilities that would involve special placement?  Yes  No

Is there anything else you would like to tell us about yourself that will help us in placing you in the appropriate volunteer position?

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**References**

Please list two references (non-related)

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ How long? \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ How long? \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Volunteer Placement

Please check all opportunities of interest to you.

Children/Youth     Instructor's Aid     Gardener     Garden Educator     Office Assistant  
 Docent     Junior Docent     Special Events     Saturdays     Technology     Social Media  
 Other: \_\_\_\_\_

## Availability

Please indicate the days and times you are usually available to volunteer.

Total hours per week you want to volunteer: \_\_\_\_\_

Daily     Weekly     Monthly     One-time (special project)

Tuesday:    From \_\_\_\_\_ To \_\_\_\_\_                      Wednesday:    From \_\_\_\_\_ To \_\_\_\_\_

Thursday:    From \_\_\_\_\_ To \_\_\_\_\_                      Friday:            From \_\_\_\_\_ To \_\_\_\_\_

Saturday:    From \_\_\_\_\_ To \_\_\_\_\_

## Consent

By submitting this form, I acknowledge that I am volunteering my services to Bob Jones Nature Center. I acknowledge that my participation is completely voluntary and is being undertaken without promise or expectation of compensation. I am aware that while participating in any volunteer activities, I may be exposed to personal injury or damage to my property as a result of my activities, the activities of other persons or the conditions under which my volunteer services are performed. With full knowledge and understanding, I accept any and all risks of damage, injury illness, or death and I release and discharge the City of Southlake, its officers, directors, and employees, from any claims for damages or injury and all liability arising out of my participation as a volunteer. I give my permission for this information to be verified, including references and criminal background check, if required.

I agree to hold Bob Jones Nature Center, its agents, officers, employees and volunteers harmless from any liability, loss, expense or claim for injury or damages arising from my participation in this program.

I have carefully read this release and fully understand its contents. I am aware that this is a release of liability and I freely and voluntarily accept the terms. I further state that I am in proper condition for participating in volunteer events. I agree to abide by the rules established by Bob Jones Nature Center.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Office Use Only:

Interview date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Orientation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Training: \_\_\_\_/\_\_\_\_/\_\_\_\_

Evaluation: \_\_\_\_\_ Additional Info: \_\_\_\_\_



## Photo Release

I understand that I may be photographed and I hereby grant to the Bob Jones Nature Center ("BJNC") the right and permission to copyright and use, re-use, publish, and republish photographs or pictures of me which may be included intact or in part, or reproduction hereof in color or otherwise, in any and all media now or hereafter known, including but not limited to the BJNC website, promotion, advertising, or any other purpose whatsoever. I also consent to any changes or alterations as to color, size, shape, perspective, context, foreground, or background of the picture. I hereby release, discharge and agree to hold harmless BJNC, its officers, directors, employees, successors, assigns, representatives, agents and attorneys, and all persons functioning under its permission or authority, from any liability by virtue of any reason in connection with the making and use of such photographs, any blurring, alteration, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof.

Name (Print): \_\_\_\_\_ (Signature): \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_