



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 teen volunteer. Once you complete this form, please scan and email to 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?

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

Describe any natural history or science classes or extracurricular activities that you are involved in.

Please describe any previous volunteer experience you have.

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?

References

Please list two references (non-related, for example a teacher)

1. Name: _____ Relationship _____

Phone number: _____ E-mail: _____

2. Name: _____ Relationship _____

Phone number: _____ E-mail: _____

Volunteer Placement

Please check all opportunities of interest to you.

Children/Youth Instructor's Aid Office Assistant 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: _____

Parents/Guardians, please fill out these pages.



Consent Agreement

In order for your child to become a volunteer at Bob Jones Nature Center (BJNC), we need your consent and your involvement in helping him/her to have a productive experience. Please read and sign this parental consent form so that we may process your child's volunteer application and for the continued consideration of their candidacy.

Name of prospective youth volunteer: _____

Birth Date: ____/____/____

I understand that my child, named above, wishes to be considered as a volunteer with Bob Jones Nature Center, and I hereby give my permission for him/her to serve in that capacity, if accepted by the Bob Jones Nature Center Volunteer program. I understand that he/she will be expected to meet all of the requirements of the volunteer position, including attendance and adherence to Bob Jones Nature Center policies and procedures.

I understand that it is my responsibility to make sure that my child has transportation to and from his/her scheduled assignments.

I understand that he/she will not receive monetary compensation for the services contributed or be guaranteed of any future position with the Bob Jones Nature Center. I further understand and agree that a volunteer, my child is not an officer, agent, or employee of the Bob Jones Nature Center, and that my child's service in such activity shall not be construed or interpreted as such.

I understand that my child may be photographed and I hereby grant to the Bob Jones Nature Center the right and permission to copyright and use, re-use, publish, and republish photographs or picture of _____, 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.

I certify that I have read this release thoroughly and that I understand its terms and conditions and that I make this release and waiver voluntarily and have not relied upon any representations made by the Bob Jones Nature Center, its officers, agents, employees or volunteers. I further certify that I understand that in making this waiver of liability I am making a decision of substantial significance and am willing to assume such risks.

UPON SIGNING YOU SIGNIFY THAT YOU HAVE READ, UNDERSTAND AND AGREE TO ALL TERMS CONTAINED HEREIN.

Parent/Guardian (Print): _____ (Signature): _____
Today's Date: ____/____/____



Release and Indemnification

In consideration of the opportunity for my minor child, _____, to use the premises of Bob Jones Nature Center and Preserve, owned by the City of Southlake, managed by the BJNC Organization, and located at 355 E. Bob Jones Road, Southlake, TX. I agree on behalf of myself and my child, our legal representatives, heirs, and successors and assigns to the terms of the Release and Indemnification.

I understand that the Bob Jones Nature Center and Preserve is largely rough, unimproved land, and that driving and walking on it are inherently dangerous activities that may expose individuals to hazards or risks that may result in illness or personal injury. I understand the nature of those hazards and risks and accept the premises in their present as-is condition. I am aware that other persons may be present from time to time within the same area and that my child's activities need to be conducted in a careful and prudent manner with due regard for the safety and well-being of those other persons. I am aware that the Bob Jones Nature Center and Preserve is in an area remote from medical care, and that Bob Jones Nature Center and Preserve, City of Southlake, and BJNC Organization cannot guarantee the availability of emergency medical services or emergency transportation to medical facilities.

I, for myself and on behalf of my minor child, assume full responsibility for all risks associated with use of the Bob Jones Nature Center and Preserve, and for myself, my minor child, and our legal representatives, heirs, and successors and assigns, agree that the Bob Jones Nature Center and Preserve, City of Southlake, and BJNC Organization and any of their directors, officers, owners, affiliated corporations, agents, or employees ("Released Parties") shall not be liable for any damages to persons or property. I, FOR MYSELF, MY MINOR CHILD, AND OUR LEGAL REPRESENTATIVES, HEIRS AND ASSIGNS RELEASE THE RELEASED PARTIES FROM ANY LIABILITY FOR ANY CLAIMS FOR LOSS OF OR DAMAGE TO PROPERTY AND FOR ANY ILLNESS OR INJURY TO PERSON, INCLUDING DEATH WHICH MAY RESULT IN CONNECTION WITH USE OF THE BOB JONES NATURE CENTER AND PRESERVE. THIS RELEASE COVERS ANY DAMAGE OR INJURY FROM ANY CAUSE WHATSOEVER, INCLUDING THE NEGLIGENCE OF THE RELEASED PARTIES. I FURTHER AGREE FOR MYSELF, MY MINOR CHILD, AND OUR LEGAL REPRESENTATIVES, HEIRS AND ASSIGNS TO INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES FROM LOSS, DAMAGE, LIABILITY, CLAIMS, OR EXPENSE FROM ANY CAUSE WHATSOEVER, INCLUDING THE NEGLIGENCE OF RELEASED PARTIES, ARISING IN CONNECTION WITH THE USE OF THE PREMISES BY MY CHILD.

Parent/Guardian Signature: _____ Today's Date: ____/____/____



Photo Release

I understand that my child, _____(name) 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 _____, 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.

Parent/Guardian Signature: _____ Today's Date: ____/____/____