



TURTLE BAY
EXPLORATION PARK®
Human. Nature.

Adult Volunteer Application

Thank you for your interest in volunteering at Turtle Bay Exploration Park!

Name: _____ Date: _____

Address: _____

City, State Zip _____

Phone: (____) _____ - _____ Cell/Work: (____) _____ - _____

Email: _____ Date of Birth: ____/____/____

Do you have a current Turtle Bay membership (please circle)? Yes No

Spouse or partner name (if applicable): _____

General Information

Current occupation: _____

Previous volunteer experience: _____

Educational background: _____

Hobbies and skills: _____

How did you hear about volunteering at Turtle Bay? _____

If referred by a current volunteer, please list their name(s): _____

Please list any medical restrictions, allergies, disabilities, or requirements that may affect your volunteer work:

Availability

Date available to start volunteer work:

What days are you available (please circle)? Mon Tues Weds Thurs Fri Sat Sun

What times are you available (please circle)? Mornings Afternoons
Evenings

Areas of Interest

(Please check all that apply and subcategories, if applicable)

- | | | |
|--|---|---|
| <input type="checkbox"/> Clerical/administrative | <input type="checkbox"/> Special events | <input type="checkbox"/> Docent/Education |
| <input type="checkbox"/> Horticulture/gardens | <input type="checkbox"/> Famous Artist outreach | <input type="checkbox"/> Art |
| <input type="checkbox"/> Animal care | <input type="checkbox"/> Sewing/crafts | <input type="checkbox"/> Forestry |
| <input type="checkbox"/> Aquatic care | <input type="checkbox"/> Councils | <input type="checkbox"/> History |
| <input type="checkbox"/> Museum collections | <input type="checkbox"/> Arboretum | <input type="checkbox"/> Horticulture |
| <input type="checkbox"/> Culture Shock | <input type="checkbox"/> Art | <input type="checkbox"/> Natural Science |
| | <input type="checkbox"/> Forestry | <input type="checkbox"/> Preschools |
| | | <input type="checkbox"/> Grade schools |
| | | <input type="checkbox"/> General public |

Please describe any other talents, skills, or interest areas (i.e. accounting, computers, public speaking) that you would like to put to use at Turtle Bay:

References

Please list two personal or professional references (not related to you)

Name	Phone	No. of years known
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Have you ever been convicted of a felony or criminal offense? Yes ___ No ___

If yes, please complete the following:

Nature of conviction: _____ Date of conviction: _____

I give my permission for you to contact the people I have listed as my references.

Signature _____ Date _____

****If application is filled out by someone other than applicant please state name, phone #, and relationship to applicant.**

Name _____ Phone # _____

Relationship to applicant _____



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Confidential Medical Emergency Form

Name _____

Phone (Day) _____

Emergency Contact

Name _____

Phone (Day) _____ Relationship _____

Family Doctor

Name _____ Phone _____

Hospital Preference _____

Physical conditions to be noted, such as allergies to bee stings, medications, etc.

By signature below, I understand that:

- 1) Any accident or injury resulting from my participation in the Turtle Bay's programs must be reported on an Accident/ Incident Report form.
- 2) Children under the age of 16 years must be accompanied by an adult while on Turtle Bay grounds unless enrolled in a pre-arranged program.
- 3) This form will be available for access by Turtle Bay management and staff supervising volunteers in the event of an emergency.

Signed _____ Date _____

Please return this application to:

Turtle Bay Exploration Park
Attn: Volunteer Coordinator
1335 Arboretum Drive, Suite A
Redding, CA 96003
Email: mlanspa@turtlebay.org
Phone: (530) 242-3112
Fax: (530) 242-3126