

_____ Job Shadow _____ Volunteer _____ Internship

Name _____ Date _____

Address _____ City/State _____ Zip _____

Date of Birth _____ Home Phone _____

Grade _____ School _____ Phone _____

In an emergency, contact _____ Relationship to you _____

Day/Cell Phone _____ Night Phone _____

A second contact _____ Relationship to you _____

Day/Cell Phone _____ Night Phone _____

Career interest(s) _____

How did you hear about this program? _____

Which Department(s) are you interested in volunteering? _____

List any specific job(s) you are interested in _____

List any date and/or time restrictions _____

Why are you interested in participating in The Marine Mammal Center's Youth Volunteer Program?

**FOR ALL PARTICIPANTS UNDER 18 YEARS OLD
PLEASE COMPLETE THIS FORM LEGIBLY AND IN INK**

**ACKNOWLEDGMENT AND RELEASE
AUTHORIZATION FOR MEDICAL TREATMENT**

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW

REQUIREMENTS FOR PARTICIPATION

- I understand that as a volunteer, I will not receive any pay or benefits such as medical insurance or worker's compensation.
- I agree not to use or possess alcohol, drugs, controlled substances or firearms on site, while working with the animals or while on a rescue. I understand that this also applies to any prescribed medication, which could have behavior altering effects.
- I understand that smoking is restricted to deck/picnic table area outside of the chart room. Smoking is NOT permitted in any other areas on site.
- I agree as a participant under the age of 18 that I may not have contact with the animals or go into a pen with an animal.
- I agree as a participant under the age of 18 that I may not drive a company vehicle or operate hazardous machinery.
- I agree as a participant under the age of 18 that I may not handle any hazardous chemicals.

Signature of Participant: _____ Date: _____

ACKNOWLEDGEMENT OF RISK

I am familiar with the program for which the Participant is volunteering. I understand that this program involves activities that may be hazardous to volunteers.

As a condition of Participant's participation in this program and/or Participant's use of The Marine Mammal Center's equipment and/or facilities, I agree that I will be fully responsible for any and all personal injuries, property damage, loss of personal property, or any other loss that may result from my child's participation, and I agree to indemnify and hold harmless The Marine Mammal Center, its officers, directors, employees, and other representatives in connection with the Activities, to the fullest extent permitted by law, for any damages, liabilities or expenses that result from participation in this program and/or the use by Participant of any of The Marine Mammal Center's facilities and/or equipment.

If my child is taking any medication, I understand that The Marine Mammal Center will not be responsible for administering such medication, and that I will be required to make any necessary arrangements for the administering of such medication. I hereby give permission to personnel of The Marine Mammal Center to authorize any x-rays, tests, procedures, anesthetic, surgery or treatment on behalf of, and to provide or arrange for any transportation of, Participant as may be required in the event of an emergency. If I or the emergency contacts cannot be timely contacted, I hereby give permission to a licensed physician, or other qualified health care provider as may be appropriate, to administer such treatment to Participant as may be necessary under the circumstances, including the hospitalization of Participant.

Family physician _____ Phone: _____

Limitations related to health _____

Medical Insurance Provider _____ Policy # _____

I HAVE READ THE FOREGOING, FULLY UNDERSTAND IT, AND GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE PROGRAM IDENTIFIED ABOVE.

Signature of Parent or Legal Guardian: _____ Date: _____

Print Name & Relationship to Participant: _____

PHOTOGRAPH AUTHORIZATION AND WORK PRODUCT RELEASE. I consent to the use of photographs and video or audio recordings (as well as the image or likeness) of my child as a The Marine Mammal Center program Participant, by The Marine Mammal Center, for the purposes of publication, news, trade or any other lawful use in conjunction with The Center's non-profit activities. I understand and agree that I will receive no payment or royalty as a result of the use or publication by The Center (or its designee) of any photographs. Nor will I be entitled to receive notices of such use or publication. I agree to assign, on a worldwide basis, all right, title and interest, including all rights of copyright, in all photographic images and video or audio recordings I or my child make in connection with the program conducted or sponsored by The Center, including the right to any royalties, proceeds and other benefits derived from such photographs or recordings.

Signature of Parent or Legal Guardian: _____ Date: _____

Opportunities for volunteers are provided without regard to religion, creed, race, nationality, origin or gender.