



Volunteer Program Application

Thank you for your interest in the Lyonia Environmental Center Volunteer Program. Volunteers at the LEC play a vital role in helping the staff with the daily operations, as well as acting as the voice and face of the LEC. There are a number of areas you may have an interest in, and we encourage you to cross-train and participate in a wide range of volunteer opportunities here at the LEC.

Please complete all sections of this application, and please print all of your answers.

I. Name and Contact Information:

Name (Last, First, MI): _____ Date of Birth: _____

Mailing Address:

Street Address: _____

Apartment Name and Number, if applicable: _____

PO BOX: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Name of College or University, if enrolled as a student: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Person(s) to be notified in case of emergency:

Name(s): _____

Relationship: _____

Address: _____

Main Phone Number: _____ Alternate Phone Number: _____

II. Availability:

How many hours per week or month would you like to volunteer? _____

I will be available to volunteer beginning on _____

What area(s) are you interested in? (Please check all that apply)

- Programs – Indoor
- Programs – Outdoor
- Outreach
- Animal Care
- Outdoor Projects/Gardens
- Other: _____

III. Background, Experience and Interests:

Please indicate any special skills such as trainings, certifications, foreign languages, computer skills you may have:

List any hobbies and interests, or any additional information you feel may be beneficial to your volunteer service with the LEC:

Have you ever been convicted, pleaded guilty or nolo contendere (no contest) to a misdemeanor or felony?

- YES NO

(Applicant does not have to disclose information regarding a misdemeanor arrest, detention or disposition where a conviction did not result)

If yes, describe the crime: _____
Date and location of crime: _____

IV. Signature Certification and Release of Information

I certify that all answers provided herein are true, correct and complete to the best of my knowledge. I understand that volunteers at the Lyonia Environmental Center serve as non-paid community volunteers.

I understand that the County of Volusia and the Lyonia Environmental Center reserve the right to screen volunteers, to accept or reject any application, and to place applicants in specific positions based on the needs of the LEC.

In volunteering for the Lyonia Environmental Center, I hereby agree to comply with all LEC rules and regulations and authorize review and release of all information contained herein that may be required for security or background check required by applicable governmental authority.

I also understand that the contents of this application are considered public information and any member of the general public may request to review or receive a copy as a public record as defined under the laws of the State of Florida.

I understand that my volunteer service may end at any time for any reason with or without cause and with or without notice.

Signature: _____ Date: _____

If under the age of 18, please have a parent/guardian sign below acknowledging that they have read the application and give their permission for you to volunteer at the Lyonia Environmental Center.

Parent Name (please print) _____

Parent Signature: _____

Date: _____