



Save or Springs and Rivers Academy Participant Application Form

First Name _____ Last Name _____

Street Address _____

City/State/Zip _____

Cell Phone _____ Home Phone _____

Email Address _____

Current/ Past Employer _____

Special Skills _____

Areas of Interest _____

1. Please explain below why you are interested in participating in the Academy.

2. By applying to participate in the Academy you are agreeing to attend **ALL SIX CLASSES**. Are you able to meet this requirement?

Circle YES or NO

If no, please explain.

3. Are you able to use your personal vehicle to attend the optional field trip to Blue Spring State Park?

Circle YES or NO

If no, please explain.

4. A requirement of the Academy Final Project is 15 hours committed to being a Blue Spring Ambassador after the completion of the course. Are you able to commit to 15 hours of unassisted volunteer hours and document these hours as required?

Circle YES or NO

If no, please explain.

Staff has established program procedures based on current COVID-19 guidelines. These procedures are subject to change based on guidance at the local, state and federal levels. Programs may be modified at any time as needed.