

Volunteer Position - Please check the position(s) that you think you would enjoy.

- Education and Outreach Program Assistant (teach K-8 nature programs and cover booth displays)
- Crew Member for Habitat Restoration, Trail Work, and Development of Native Plant Gardens
- Water Quality Monitor (cleaning and calibration of equipment, data collection)
- Wildlife Surveyor and Bird-watcher (skilled observations and submission of survey forms)
- Administrative Assistant (office tasks such as mailings, copying, and data entry)
- Center Guide (visitor assistance - front desk hospitality, nature store, and exhibits)
- Event Planner (committee work for fundraising or recreational events such as Tweet of Dweams)
- Other: _____

Special Skills or Qualifications/Previous Experience

Briefly describe any previous experience and special skills that you have gained from employment, previous volunteer work, or through other activities including special interests, sports, and school.

- Arts and crafts
- Music
- Photography
- Computer/Technical
- Design/Building
- Safety/First Aid
- Bird-watching and Animals
- Plants and/or gardening
- Food preparation
- Teaching/Tours
- Youth management
- Water Quality/Chemistry

Other skills? _____

Anything else you would like to share about yourself?

Why are you here? What is your motivation?

Age groups preferred: Circle any that apply: 1) K-Grade 3 2) Grades 4-8 3) Gr 9-college 4) adults

Location - I like to work 1) inside only, 2) outside only, 3) both in or out.

Photos – May we take photos of you while at Jackson Bottom? _____

Availability - Days and times available to volunteer: (check day and circle times)

Sun ___ am/pm **Mon** ___ am/pm **Tues** ___ am/pm **Wed** ___ am/pm

Thur ___ am/pm **Fri** ___ am/pm **Sat** ___ am/pm **Not sure right now** _____

Start Date - _____

Do you intend to volunteer short term or long term? _____

How did you hear about volunteer opportunities with us? _____

I hereby certify that this application contains no misrepresentations or falsifications and the information given is true and complete to the best of my knowledge and belief. I authorize the City of Hillsboro to conduct a background investigation as necessary and appropriate to verify this information.

Signature

Date

Thanks for applying! Jan Curry

Parent/Guardian Signature if under 18



PARENT/GUARDIAN PERMISSION FORM

CITY OF HILLSBORO and Jackson Bottom Wetlands Preserve

Your son/daughter has requested to participate as a volunteer for the City of Hillsboro in at Jackson Bottom Wetlands Preserve. Since your child is a minor, we do require parental/guardian permission prior to any volunteer service.

We ask that you please complete the following information and return prior to participation, or have your son/daughter bring the completed form on the day of volunteer service or for the recurring program sessions.

Name of Child: _____

Name of Parent or Guardian: _____

Relationship to Child: _____

Emergency Contact Number: _____

My son/daughter, being a minor, has permission to participate as a volunteer for the City of Hillsboro at Jackson Bottom Wetlands Preserve.

_____ Date: _____

Parent/Guardian Signature



PHOTOGRAPH AUTHORIZATION AND RELEASE

CITY OF HILLSBORO and Jackson Bottom Wetlands Preserve

I grant permission to the City of Hillsboro, its officers, agents, employees and volunteers to photograph my image, likeness, or depiction and that of my minor child. I also grant permission to the City to edit, crop, or retouch any photograph, and waive any right to inspect the final product. I consent to the use of any such photograph for official City use, this includes advertising and printed and electronic or any other lawful purpose. The City may identify me and/or my child by first name only and will not disclose addresses or other personal identifying information.

On behalf of myself and of those of my minor child, I hereby waive, release and discharge the City of Hillsboro from any claim, demand, action or suit for defamation, invasion of privacy, or any violation of publicity, or for any other negligent or intentional conduct relating to the publication or use of photographs of me and/or my minor child.

I hereby acknowledge that I have read and understand this Authorization and Release and that I have authority to execute it on behalf of myself and my child and am doing so voluntarily and with full knowledge of its binding effect.

Name of Child

Signature of Parent/Guardian

Date