



_____/_____
date

VOLUNTEER APPLICATION FORM

Thank you for your interest in joining Flagler Turtle Patrol!
Volunteers like you are crucial to our endeavor to protect the nesting turtles of Flagler County.

Contact Details

Contact Name: _____ Phone #: _____

Email _____

Address: _____

City: _____ Zip Code: _____

How did you hear about us? _____

Have you been referred by a current or former volunteer? If yes, please tell us who referred you. _____

Date of Birth: _____

Education

Institution	Field of Study	Years Attended

Current Employer (If Retired, Please Note.)

Employer	Phone	From	To	Job Title	Supervisor

Availability (Number of Hours Worked Weekly)

MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL

References

Name	Relationship	Phone Number

Additional Information

Why do you want to volunteer with our organization?

Why do you hope/expect to get out of this experience?

Are you prepared to make a long-term commitment to this organization?

Have you volunteered with other non-profit organizations? If yes, please list and give a brief description of the duties you performed.

Special Requirements

1. Must be 18 years of age.
2. Must be in good health and physically strong enough to endure two or more hours in the hot summer sun and capable of digging large amounts of sand by hand.
3. Must be able to commit one or more days a week of volunteer activity as needed, (preferably the same day each week.)
4. Must have a valid Florida Drivers License.
5. Must be available during the months of May through September.

I hereby certify that all the information contained in this application for volunteer work with the Flagler Turtle Patrol is true and complete.

I authorize Flagler Turtle Patrol to contact all sources necessary to verify this information.

Signature: _____

Please email completed application or mail to:

Flagler Turtle Patrol
5 Lake Place
Palm Coast, FL 32137

