

Oxbow Meadows Environmental Learning Center

Youth Volunteer Application

Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

If a minor: Name of Parent/Guardian: _____

Parent/Guardian Phone: _____ Parent/Guardian Email: _____

Skills and Interest:

Education background: _____

Current occupation: _____

Previous volunteer experience: _____

Preferences in Volunteering:

Please select the volunteer position(s) you are interested in: Volunteer positions are not guaranteed.

Year-round positions:

Volunteer Work Days (Saturdays)

Special Events: Reptile Fest Insectival Frogwarts

Other (Your name will be added to an email list)

Are you over the age of 18?

Yes No

If you are under 18, what is your current age? _____

Birthday

_____/_____/_____

If volunteering for requirements for school/college, please provide following information:

Name of school:_____ **Name of Teacher/Professor:**_____

Volunteer hours needed:_____ **Completion date of hours:**_____

Background Information:

Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work?

No Yes:_____

Please give two references whom we may contact:

If volunteering for school/college, please use teacher/professor as a reference

1. _____ **Phone:**_____ **Email:**_____

2. _____ **Phone:**_____ **Email:**_____

The above application has been completed voluntarily, and I certify that all statements and representations are true and correct. I understand that individual volunteers for Columbus State University Oxbow Meadows Environmental Learning Center must consent to a background check, sign a liability waiver, as well as complete an on-site interview before beginning any volunteer work at Oxbow Meadows. I understand that I am not an employee and will not be paid for my services as an Oxbow Meadows volunteer. I agree to abide by all the volunteer policies and procedures of Oxbow Meadows.

Signature of Volunteer:_____ **Date:**_____

Signature of Parent/Guardian:_____ **Date:**_____

(If under 18 years old)



Oxbow Meadows

Environmental Learning Center

Volunteer Release Form (18 or Under)

Name: _____ Birth Date _____

Address _____

Phone (H) _____ (W) _____ (cell) _____

Emergency Contact _____ Phone _____

Physician _____ Phone _____

Known Allergies (medicine, food, etc.) _____

Describe past serious illnesses or hospitalization, with dates _____
(Use back if necessary.)

List Medicines Taken (use back if necessary) _____

Date of Last Tetanus Injection _____

Describe all physical conditions or illnesses, which could affect participation in the programs or the proper medical treatment
 (diabetes, epilepsy, poor blood clotting, etc.) _____

Health Insurance: Company _____ Policy Number _____

Beneficiary's name _____ *(Please Attach Copy of Insurance Card)*



If Under 18 years of age, please list:

Mother's Name _____ Phone (H) _____ (W) _____ (cell) _____.

Father's Name _____ Phone (H) _____ (W) _____ (cell) _____.

Emergency Medical Treatment/Photo Consent

(Must be signed in the presence of a notary)

I hereby give **the Designee of Oxbow Meadow's** events permission to provide first aid care for me or my child, _____ which a physician deems necessary (including anesthesia). If I have not specified any hospital(s) below, I or my child may be taken to and cared for at the nearest hospital. I agree to accept financial responsibility for all medical expenses incurred.

Hospital Preference _____ Nearest Hospital _____

Photos and likenesses of the above may be utilized for historical and or advertising/public relations for Oxbow Meadows without remuneration for said likenesses.

Signature of Parent/ Guardian, Date

State of _____ County of _____

The foregoing Consent was acknowledged before me this _____ day of _____, 20____,

by _____ and _____ Notary Public _____



OXBOW MEADOWS VOLUNTEER RELEASE AND WAIVER FORM

I, _____ (PRINT NAME) certify that I at least 18 years old and was born on _____, do hereby agree to participate in any and all programs and activities offered at the Oxbow Meadows Environmental Learning Center (“Oxbow Meadows”), unless an exception is noted below or unless I refrain from participation at Oxbow Meadows. I understand that if any costs are involved, such costs are solely to cover the cost of an instructor/guide and access to the TreeTop Trail. Otherwise, Oxbow Meadows is open to the public at no charge. I understand that most of the activities take place out of doors and may involve live alligators, venomous snakes, heat, humidity, rigorous physical activity and the TreeTop Trail (“Trail”). I understand that the purpose of the Trail is to provide a birds-eye view of nature and therefore has minimal construction. I understand that the TreeTop Trail is a suspension walkway located high above the ground at the level of the tops of trees and is supported by one tree, one tower and one post. I understand that the Trail includes a steep incline, rope sides, has rungs instead of a flat surface and sways. I understand that I should not use the Trail if I have a fear of heights, a heart condition or any other condition that would limit rigorous outdoor activity on an unstable surface whether in cold weather, damp weather or very hot humid weather. I understand that it is dangerous for me and for other participants to climb the rope sides of the Trail or to engage in any horse play on the Trail and I will refrain from such conduct.

I willingly and knowingly assume for myself, my heirs, family members, executors, administrators and assigns all risk of physical injury and emotional upset which may occur during or after participating in any aspect of the program and hereby agree to hold Oxbow Meadows, Columbus State University, and Columbus Water Works, their employees, Trustees, instructors, facilitators and agents, including EarthQuest, Inc., harmless for any liability arising out of my participation in any of the programs. Should Oxbow Meadows, Columbus State University, the Columbus Water Works, or anyone acting on their behalf be required to incur attorney’s fees and costs to enforce this agreement, I agree to indemnify (to shift the responsibility for payment of damages to someone else) and hold Oxbow Meadows, Columbus State University, the Columbus Water Works, EarthQuest, Inc. harmless for such fees and costs.

This release includes physical injury or emotional harm caused by negligence of the employees or agents of Oxbow Meadows, Columbus State University, the Columbus Water Works, EarthQuest, Inc. when the law allows for a defense of immunity under the Recreational Property Act, the State Tort Claims Act or any other applicable statute or law. This release does not include willful misconduct; however Oxbow Meadows, Columbus State University, the Columbus Water Works, EarthQuest, Inc. are not liable for the criminal acts of third parties. I further state that in choosing to participate and in signing this agreement, I am not under the influence of any chemical substance including alcohol.

Page 1 of 2____(Int.)

