



**PINE JOG ENVIRONMENTAL  
EDUCATION CENTER**  
College of Education  
Florida Atlantic University

## Volunteer Program Registration Form

We are proud to have many wonderful volunteers at FAU Pine Jog and we are always looking for more people who are interested in learning about the environment in South Florida. Become involved with a community of like-minded individuals who are interested in our programs and our 135 acre wildlife sanctuary. You will find it rewarding; whether it is getting involved in one of our many public programs, working on trail maintenance or assisting in our office environment. We know you will find joining our family to be a memorable experience and we look forward to working with you!

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_

May we add you to our volunteer emailing or calls? YES \_\_\_\_\_ NO \_\_\_\_\_

When are you available?

- Weekdays
- Mornings
- Afternoons
- Evenings

I prefer:

- Indoor work
- Outdoor work
- Special events/Public programs

Do you have any physical limitations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe so we can be sure to identify appropriate volunteer opportunities:

\_\_\_\_\_

These hours for:  School  Scout Group  Court Ordered  Just to volunteer

I understand that all information on this form is voluntarily supplied and may be used and disclosed for volunteerism purposes only. I hereby volunteer my services and understand that I am not a paid employee at Pine Jog Environmental Education Center, or the College of Education, Florida Atlantic University.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use- D: \_\_\_\_\_ S: \_\_\_\_\_ E: \_\_\_\_\_



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**Emergency Contact Information**

The information you provide will only be used in an emergency.

**Volunteer Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

***Primary Emergency Contact Person***

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

***Secondary Emergency Contact Person***

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Sign Name: \_\_\_\_\_

Date: \_\_\_\_\_



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Appendix C: Assumption of Risk

### Assumption of Risk Statement

I certify that I am in good health and capable of full participation in the activities of Pine Jog Environmental Education Center, College of Education, Florida Atlantic University. I am aware that during wilderness field trips and/or instruction courses that I am participating in under the arrangements of Pine Jog Environmental Education Center, that there are certain inherent risks and dangers involved in out-of-door activities. These may include but are not limited to physical exertion, the hazards associated with forest, lake and wetland terrain, the forces of nature, contact with water, plants, insects and animal life and travel by vehicle, boat, canoe and bicycle and any type of labor or practices associated with volunteer work.

I recognize the educational benefits of this program and acknowledge that my participation is completely voluntary. In consideration of my participation in such trips or other services and activities arranged for me by Pine Jog Environmental Education Center, I will and do hereby assume all of the above mentioned risks and will hold Pine Jog Environmental Education Center, College of Education, Florida Atlantic University, the Florida Atlantic University Board of Trustees, the State of Florida and its employees, agents, officers and teachers and volunteers harmless from any and all liability, actions, causes of actions, debts, claims, demands of every kind and nature whatsoever which may arise from or in connection with my participation in these activities. I have read and understand the provisions of the foregoing Assumption of Risk Statement and so freely accept its terms. I am fully cognizant of the fact that I may call Pine Jog Environmental Education Center to obtain further details about the program in which I am participating.

Parent approval and signature is required for anyone under 18 years of age.

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Name	Signature	Date
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Student's Name ( <i>if under 18 years of age</i> )	Parent's Signature	Date
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**University Communications & Marketing**

6301 Summit Boulevard • West Palm Beach, FL 33415 • tel: 561.686.6600 • fax: 561.687.4968 • pinejog.fau.edu

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777 Glades Road, ADM 265  
Boca Raton, FL 33431  
tel: 561.297.3029  
fax: 561.297.3001  
marketing@fau.edu  
www.fau.edu

**Photo/ Video Release Form**

I hereby give permission for my name, likeness and biographical material to be used solely for the purposes of Florida Atlantic University-related promotional material and publications, and waive any rights of compensation or ownership thereto.

\_\_\_ Student \_\_\_ Faculty \_\_\_ Staff \_\_\_ Other

Name of Participant (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**If participant is a minor:**

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

**OFFICE USE ONLY:**

M F • W B H A O \_\_\_\_\_ HR \_\_\_\_\_ TOP: \_\_\_\_\_ BOT: \_\_\_\_\_