



White Sands Buddhist Center

VOLUNTEER APPLICATION

Thank you for your interest in volunteering at White Sands Buddhist Center. We have an amazing team of volunteers and would love to have you join us. Please read the eligibility requirements and regulations below and fill out, sign, date and submit the volunteer form. You will then be invited to attend a volunteer orientation.

Volunteers must be at least 10 years old. Volunteers between 10 and 15 must be accompanied at all times by at least one adult per every five children, including to the volunteer orientation. If you are under the age of 16, please have the adult who will be volunteering with you fill out an application as well.

Volunteers must be at least 16 to work alone and must be at least 18 to work with any power tool.

If you have any questions please contact Ron Henderson at 407-832-5227 or whitesands.vol@gmail.com.

Contact Information

Please enter an email address that you will check regularly and the phone number at which you will most easily be contacted.

First name: _____

Last name: _____

Nick name: _____

Street: _____

City: _____

State: _____

Zip: _____

Phone (preferably cell): _____

Email: _____

Emergency Contact

Please enter contact information for the person we should notify in case of emergency.

First name: _____

Last name: _____

Nick name: _____

Street: _____

City: _____

State: _____

Zip: _____

Phone (preferably cell): _____

Email: _____

Relationship _____

Email

We keep volunteers informed of important news, schedules, and volunteer opportunities by email. You should add **whitesands.vol@gmail.com** to your contact list so that our emails will not be blocked as spam.

Experience, Special Interests and Restrictions

In what areas do you feel you have moderate to excellent skill or experience? Do you have any special interests or restrictions? Please list:

Skills/interests: _____

Restrictions: _____

Safety Requirements and Rules

Sign in on the log-in sheet kept in the gift shop upon arriving and sign out when leaving. Know emergency procedures, location of nearest emergency facility and how to quickly summon police or ambulance:

Parrish Medical Center, 951 N. Washington, 321-268-6111.

The first aid kit supplied by White Sands is available at all times in the gift shop.

Avoid over exertion and heat related problems by taking breaks and drinking adequate water.

Clean up only during daylight hours when White Sands is open.

Do not conduct clean-ups during inclement weather and leave the area immediately if lightening threatens.

Wear recommended attire: long sleeves, long pants, gloves, and leather or sturdy boots with closed toes.

Use sunscreen and insect repellent.

Avoid contact with poisonous plants, noxious weeds, bees, wasps, spiders, fire ants and snakes.

Pay special attention when handling broken glass. Be careful not to step or kneel on broken glass. Children under the age of 16 should not handle or remove broken glass.

Do not jump, stand, or climb on drainage pipes, rocks, guiderails, or walls. Avoid horseplay.

Use of alcohol or illegal drugs is prohibited during clean-up and traveling to or from clean-up.

Avoid hazardous materials of any type, such as medical waste or items weighing over 60 pounds. Notify volunteer coordinator of location of materials for pick up.

If watercraft is used during a clean-up, all occupants must wear personal flotation devices and safety equipment to comply with the U.S. Coast Guard regulations.

Do not spray any insecticide, herbicide, or fungicide. Report all infestations to volunteer coordinator.

Do not fertilize. Report all needs to volunteer coordinator.

Do not add any plants to the garden without volunteer coordinator's express approval.

Adopt-a-Garden Agreement (for those volunteers that have been assigned a specific garden)

Volunteer will agree to:

Remove litter and other collected materials and place in proper garbage can.

Remove weed clippings and other brush and place in designated area.

Return all tools, buckets and water hoses to their designated storage areas.

White Sands will provide:

Training

A representative on the first clean-up day.

(Must coordinate with the volunteer coordinator.)

Hand sanitizer

Five gallon bucket for litter/weeds/clippings

First aid and laminated emergency contact information

The volunteer will provide: Own hat, gloves, sun screen, insect repellent

I Agree

I understand that there are certain qualifications I must meet, including attendance of orientation and acceptance of established volunteer policies and procedures before I may begin volunteering.

By submitting this form, I attest that the information I have provided on the form is true and accurate.

Release of Liability

I, the undersigned, do hereby agree to release the White Sands Buddhist Center from all liability. I will not hold White Sands liable for any damage, illness or injury sustained during volunteer work. I, the undersigned, will never institute any action or suite of law against White Sands, nor institute, prosecute or in any way aid, assist, or participate, directly or indirectly, in the institution or prosecution of any claim, demand, action or cause of action for damages, costs, loss of services, expenses, or compensation for or on account of any damage, loss, or injury either to person or property, or both, whether developed or undeveloped, resulting or to result, known or unknown, past, present, or future, arising out of the condition or operation of the White Sands Buddhist Center, including but not limited to any damage, loss or injury either to person or property, or both, resulting from my volunteer activities. The undersigned volunteer further hereby releases, dismisses, and discharges White Sands and covenants and agrees to defend, indemnify and hold the White Sands Buddhist Center from demands, damages, suits, costs or expenses, said volunteer has or may have for any reason or which may occur or arise by reason of volunteer's association, activity or work now, heretofore or hereafter at the White Sands Buddhist Center.

This signature must be that of the individual "signing" this document electronically (on line) or physically (on hard copy) or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document electronically (if signed on line) or physically (on hard copy) affirms that the facts stated herein are true. The individual "signing" this document electronically (if signed on line) or physically (on hard copy) affirms that the facts stated herein are true.

Volunteer

Witness

Print name: _____

Print name: _____

Sign name: _____

Sign name: _____

Date: _____

Date: _____