



Thank you for your interest in volunteering at the Wonder Gardens. Volunteering is very important to us. Without our volunteers we could not accomplish much of the work it takes to offer such a unique Florida attraction to our many visitors.

Name: _____ Phone: _____ Date: _____

Address: _____

E-Mail Address: _____

*In case of an emergency contact person name: _____ Phone: _____

Driver's License Number: _____ State Issued: _____

Do you have any special skills, experience, training you are willing to share: _____

Please list what volunteer area {s} you would be interested in: _____

Please list any prior volunteer locations: _____

Which day(s) of the week are you available? _____

What time of day are you available? () Mornings () Afternoons () Special Events

What is your current status? () Working () Retired () Student () Seasonal Resident

Please tell us why you would like to volunteer at the Wonder Gardens? _____

Prior to your being accepted as a volunteer you will be interviewed by staff and the Volunteer Coordinator. Attendance at a Volunteer Orientation Meeting is required. Following that meeting, area specific training will then be scheduled.

Due to the nature of our attraction – with many visitors and guests, volunteers must be willing to submit to a criminal background check. Individuals with unacceptable backgrounds will not be allowed to volunteer at the Wonder Gardens. By signing below you grant permission for a criminal background check to be performed, and you waive all right of privacy regarding criminal history information (understanding that all records are kept confidential).

Applicant Signature: _____ Date: _____

We are grateful for your interest in volunteering to join our team. We look forward to working alongside you to help us grow our attraction. Without your help, we could not accomplish many of the exciting plans we have in the making.

**Waiver of Liability for Volunteers Working at
Everglades Wonder Gardens**

Volunteer's Name: _____

To help protect Bonita Wonder Gardens, Inc., a 501c3 charitable organization (dba Everglades Wonder Gardens) and to minimize liability to the organization, please read and agree to the following conditions that apply to your service as a volunteer.

1. I wish to volunteer my time, effort and services as a volunteer to assist and improve the Everglades Wonder Gardens.
2. As a volunteer, I will donate my time, effort and services to Everglades Wonder Gardens, and understand that I will receive no compensation in return.
3. I recognize and understand that my volunteer activities for Everglades Wonder Gardens expose me to the possibility of injury to my person and property and that I may suffer some kind of injury as a result of an accident and other unforeseen circumstances.
4. Despite this risk of injury, I knowingly and voluntarily waive any and all claims, actions, or causes of action against Bonita Wonder Gardens, Inc., and agree to hold Bonita Wonder Gardens, Inc., its board members, agents, affiliates and employees harmless for any injury or damage that I may suffer as a result of my activities as a volunteer at Everglades Wonder Gardens.
5. I recognize that, as a volunteer, I represent Everglades Wonder Gardens to the public, and will conduct myself in a professional manner. I will not participate in and will report any instances of harassment, exploitation or intimidation, and will help to maintain an atmosphere of physical and emotional safety for others associated with the organization, including employees, other volunteers, clients and visitors.
6. In return for my agreement to the above conditions, Bonita Wonder Gardens, Inc. (Everglades Wonder Gardens) agrees to accept my services as a volunteer.

Signature of Volunteer

Date

Release to Use Photographs, Name and Other Reproductions

I hereby grant to the **Bonita Wonder Gardens, Inc.**, a Florida not-for-profit corporation (BWG), and its employees, contractors, legal representatives and assigns in the performance of their duties for BWG, the absolute right and permission to use or copyright, in its own name or otherwise, and re-use, publish, and re-publish photographic pictures, electronic images or other reproductions of me/or my minor child or in which I/or my minor child may be included, in whole or in part, without restriction as to changes or alterations, in conjunction with or without my/or my minor child's own name in color or otherwise, made through any medium, and in any and all media now or hereafter known for illustration, promotion, art, advertising, trade, including film, photographic, video, electronic or digital formats or reproductions, or any other purpose whatsoever. I/or my minor child also consent to the use of any printed or electronic matter in conjunction therewith. The uses and rights granted herein are donated to the **Bonita Wonder Gardens** freely and without financial consideration as a public service.

I/or my minor child hereby waive any right that I/or my minor child may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

I/or my minor child understand that my/or my minor child's name and photo and I/or my minor child(ren)'s name(s), age(s), photo(s) and hometown may appear in newspapers, magazines, online and/or in BWG publications.

I/or my minor child hereby release, discharge and agree to hold harmless the **Bonita Wonder Gardens**, its employees, departments, legal representatives and assigns, and all persons acting under this Release, from any liability for such use, including by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in such use or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

I hereby warrant that I am of legal age and have the right to contract in my own name or I am the parent or legal guardian of the subject for whom this Release is granted. I have read the above Release, prior to its execution, and I am fully familiar with and understand the contents thereof. This Release shall be binding upon me and my heirs, legal representatives, and assigns.

Date: _____ Signature: _____

Print Name: _____

Address: _____

City, State, Zip: _____

This release affects your legal rights. If not understood, please consult your own legal counsel.



BACKGROUND INVESTIGATION CONSENT

I _____,

Hereby authorize The Everglades Wonder Gardens to investigate my background, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of obtaining information that may be material, to my qualifications as an employee or docent for the Everglades Wonder Gardens.

I release the Everglades Wonder Gardens and any entity or person, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal information contained herein is true and correct to the best of my knowledge.

_____ - _____ - _____

Social Security Number

Date of Birth

First, Middle, Last _____

Street Address _____

City, State, Zip _____

How long at this address _____

Signature

Date