



North Carolina Aquarium at Pine Knoll Shores Volunteer Application

Mail to: Chris Carlin, Volunteer Coordinator
North Carolina Aquarium at Pine Knoll Shores
1 Roosevelt Blvd, Pine Knoll Shores, NC 28512 ♦ Phone: 252-247-4003, ext. 286 ♦
E-mail: christine.carlin@ncaquariums.com

Name _____ Date ____/____/____

Address _____ City _____ State _____ Zip _____

Day or cell phone _____ Evening phone _____

E-mail _____ Birthday: month ____ day ____ yr. ____

Education:

Highest level completed (high school, college, graduate school, etc.) _____

Graduated? ____ yes ____ no Degree/diploma _____ Major _____

Other training or certification _____

Work Experience:

Occupation (If retired, give most recent paid employment.) _____

Current employer _____

Are you a student? _____ Institution: _____

Volunteer Experience _____

Hobbies, interests and special skills (including working with animals) _____

How did you learn about the Aquarium volunteer opportunities?

I want to become an Aquarium volunteer because: _____

Physical limitations _____



CHECK DAY(S) YOU ARE AVAILABLE TO VOLUNTEER						
MON	TUES	WED	THURS	FRI	SAT	SUN
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM

Have you ever been convicted of an offense against the law other than a minor traffic violation?
Y/N If yes, please explain: _____

Conviction does not necessarily preclude an applicant for volunteer positions.

A photo I.D. is required with all Aquarium Volunteer Applications.

References: All references should be professional, academic or community, and someone who is not related to you or living with you.

Name _____ Relationship _____

Address _____ Phone _____

In case of an emergency, please notify:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone: home _____ work _____ cell _____

Acknowledgment:

I certify that the statements made in this volunteer application are true and correct, and I have not knowingly withheld any information. If the information provided in this document is found to be untruthful, I understand that I will be released from the volunteer program. I authorize verification of all information contained in this application and grant permission for references to be contacted. I understand that the Aquarium reserves the right to conduct background checks on volunteers.

I understand that I will not be paid for my services as a volunteer and that filling out an application for the program does not guarantee acceptance into a volunteer position.

Continued volunteer service is at the discretion of the Aquarium Director, Aquarium Curators/Managers and the Volunteer Coordinator. Volunteers may be asked to discontinue service for a variety of reasons including, but not limited to: changes in assistance needs, staffing levels and/or policies or laws; conflicts with volunteer or employee colleagues; violations of Aquarium policies or state law; or unforeseen circumstances. No prior warnings are required for the Aquarium to dismiss a volunteer.

Signature _____ Date _____

North Carolina government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability.

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