

Sea Turtle Preservation Society Volunteer Application

Office: 321-676-1701

Mail to: Sea Turtle Preservation Society Volunteer Program
P.O. Box 510988, Melbourne Beach, FL 32951

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip Code

Email Address: _____

Home Phone: _____ Cell Phone: _____

Birthdate (if Under 18): _____ STPS Member: Yes ___ No ___

Volunteer Opportunities Open to STPS Members

Please check the categories of interest. * Requires specialized training.

_____ Turtle Night Walks* _____ Nesting Surveys* _____ Stranding & Salvage*

_____ Educational Programs* _____ Hatchling Response/STERP*

_____ Special Events _____ Office Help _____ Newsletter

Volunteer Opportunities Open to Everyone

_____ Beach Clean Up _____ Community Service _____ Turtle Krawl 5K

When Available: _____

Indicate what type of volunteer work you would like to do and any qualifications, skills, experience or education you have that would apply. Also, include if you are doing this for community service hours. _____

The undersigned volunteer, participating in any Sea Turtle Preservation Society activity, by their signature agrees to abide by program guidelines and recognize that it is the responsibility of each person to watch out for his or her own safety, as well as the safety of others. The undersigned also voluntarily assumes the risk and agrees to hold harmless and indemnify the Sea Turtle Preservation Society, its directors and volunteers against any, and all losses and claims or mere claims that may be made by the undersigned, their heirs, assigns or successors against the Sea Turtle Preservation Society.

Applicant Signature (or if under 18, parent or guardian signature)

Date