

Sea Turtle Preservation Society

Volunteer Application

Office: (321) 676-1701

Fax: (321) 725-6998

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 _____

Check the categories that interest you: *requires specialized training

- _____ turtle watches* _____ turtle nesting surveys* _____ office help
- _____ turtle strandings* _____ educational programs* _____ newsletter
- _____ beach clean-up _____ special events _____ community service
- _____ hatchling response*

When available: _____

Describe the type of volunteer work you would like to do. Indicate 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 _____

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

Date(s) Trained _____ Entered: ____/____/____