



Alaska SeaLife Center
 windows to the sea

Alaska SeaLife Center Volunteer Application

Please return application and a letter of interest to:

Alaska SeaLife Center
 Human Resource Specialist
 P.O. Box 1329
 Seward, AK 99664

Email: volunteer_intern@alaskasealife.org

Fax: 907-224-6320

**An opportunity may not be available at the time you apply. All applications will be kept on file for six months and you will be contacted if there is an opening in your area of interest. **

PERSONAL INFORMATION		
Last Name	First Name	Middle Name
Street Address		Telephone Number (Home)
City	State	Zip Code
Email Address		<input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Teens: Are you at least 16 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 14 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you applied at the Alaska SeaLife Center before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when:
How were you referred to the Alaska SeaLife Center? <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Career Fair <input type="checkbox"/> Website <input type="checkbox"/> Brochure <input type="checkbox"/> Other		
Have you ever been convicted of a felony or misdemeanor? (A conviction will not necessarily bar acceptance into the program) If yes, please explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No
If accepted into the volunteer program, do you have reliable transportation?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any reason you would not be able to get to scheduled volunteer shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:
Do you have any medical, physical or other problems that could affect your performance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:
Do you have any family or friends who work at the Alaska SeaLife Center? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, state name and relationship:
List any other names you have used or by which you are known:		

EDUCATION			
NAME OF SCHOOL	PRESENT GRADE	DEGREE	COURSE OF STUDY
High School	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Diploma <input type="checkbox"/> GED	
College	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> AA <input type="checkbox"/> BS <input type="checkbox"/> PhD <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> Other	
Other	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> AA <input type="checkbox"/> BS <input type="checkbox"/> PhD <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> Other	

EMPLOYMENT INFORMATION
<input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER
Employer
Your Title
Work Address
City, State, Zip
Work Phone
Days Scheduled to Work: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Times Scheduled to Work:
Do your shifts change on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:

CHECK ALL SKILLS IN WHICH YOU ARE PROFICIENT
<input type="checkbox"/> Accounting <input type="checkbox"/> Data Entry <input type="checkbox"/> Graphic Design <input type="checkbox"/> Teaching <input type="checkbox"/> Acting <input type="checkbox"/> Desktop Publishing <input type="checkbox"/> Illustration <input type="checkbox"/> Web Design <input type="checkbox"/> Administrative <input type="checkbox"/> Electrical <input type="checkbox"/> Information Systems <input type="checkbox"/> Writing/Editing <input type="checkbox"/> Animal Care <input type="checkbox"/> Exhibit Development <input type="checkbox"/> Photography <input type="checkbox"/> Other <input type="checkbox"/> Audio Visual <input type="checkbox"/> Fish Care <input type="checkbox"/> Public Relations <input type="checkbox"/> Bird Care <input type="checkbox"/> Front Desk <input type="checkbox"/> Public Speaking <input type="checkbox"/> Carpentry <input type="checkbox"/> Grant Writing <input type="checkbox"/> Research

PLEASE LIST ANY SPECIALIZED TRAINING, CERTIFICATIONS, LICENSES, FOREIGN LANGUAGES, ETC

PLEASE LIST ANY EXTRA-CIRRICULAR ACTIVITIES, CLUBS, VOLUNTEER WORK, HOBBIES, ETC

VOLUNTEER QUESTIONS

PLEASE CHECK THE DEPARTMENT(S) YOU ARE INTERESTED IN VOLUNTEERING FOR

- | | | |
|---|--|--|
| <input type="checkbox"/> Aquarium Husbandry | <input type="checkbox"/> Veterinary Services | <input type="checkbox"/> Education |
| <input type="checkbox"/> Avian Husbandry | <input type="checkbox"/> Harbor Seal Research | <input type="checkbox"/> Interpretation |
| <input type="checkbox"/> Mammal Husbandry | <input type="checkbox"/> Eider Research | <input type="checkbox"/> Front Desk/Administration |
| <input type="checkbox"/> Fundraising, PR, Marketing | <input type="checkbox"/> Chiswell Video Monitoring | <input type="checkbox"/> Conservation (Grants) |
| <input type="checkbox"/> Other _____ | | |

TASKS YOU ARE INTERESTED IN CARRYING OUT AS A VOLUNTEER

- | | | |
|---|--|--|
| <input type="checkbox"/> Administrative Assistant | <input type="checkbox"/> Lab Inventories | <input type="checkbox"/> Leading Tours |
| <input type="checkbox"/> Answer Phones | <input type="checkbox"/> Lab Procedures | <input type="checkbox"/> Interpreting Exhibits |
| <input type="checkbox"/> Fundraising Events | <input type="checkbox"/> Data entry | <input type="checkbox"/> Developing Interpretative Talks |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Animal Food Prep & Cleaning | <input type="checkbox"/> Delivering Educational Programs |
| <input type="checkbox"/> Creating/Editing Newsletters | <input type="checkbox"/> Grant Writing/Editing | <input type="checkbox"/> Preparing Educational Programs |
| <input type="checkbox"/> Collecting stories for publication | <input type="checkbox"/> Remote Video Monitoring | <input type="checkbox"/> GIS |
| <input type="checkbox"/> Data Analysis | <input type="checkbox"/> Behavioral Observations | <input type="checkbox"/> Information Systems |
| <input type="checkbox"/> Other _____ | | |

AVAILABILITY

DATE YOU ARE ABLE TO START		DEPARTURE DATE, if applicable
----------------------------	--	-------------------------------

PLEASE INDICATE TIME AND DAY YOU ARE AVAILABLE TO VOLUNTEER

SUMMER SEASON: (MEMORIAL DAY WEEKEND TO LABOR DAY WEEKEND)

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BEFORE 8:00 AM							
8:00 AM – 10:00 AM							
10:00 AM – 12:00 PM							
12:00 PM – 2:00 PM							
2:00 PM – 4:00 PM							
4:00 PM – 6:00 PM							

OFF SEASON: (LABOR DAY WEEKEND TO MEMORIAL DAY WEEKEND)

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BEFORE 8:00 AM							
8:00 AM – 10:00 AM							
10:00 AM – 12:00 PM							
12:00 PM – 2:00 PM							
2:00 PM – 4:00 PM							
4:00 PM – 6:00 PM							

QUESTIONS

Why are you interested in volunteering at the Alaska SeaLife Center? _____

Have you volunteered before? Yes No Where? _____

How many months/years did you volunteer? _____

Why did you leave? _____

What did you like most about volunteering? _____

What did you like least about volunteering? _____

What do you expect to gain from your commitment as a volunteer at the Alaska SeaLife Center? _____

What qualities do you have that would make you a good candidate for our volunteer program? _____

Describe any previous work experience that may be relevant to the volunteer position(s) for which you are applying:

What were your responsibilities? _____

How many months/years did you work in that position? _____

FOR OUT OF TOWN APPLICANTS

The Alaska SeaLife Center does not offer housing for volunteers. Are you prepared to provide your own housing accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

The Alaska SeaLife Center does not offer any other compensation (i.e. travel reimbursement, food stipend, etc). Are you prepared to cover all other expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

SIGNATURE OF APPLICANT

I certify that the information I have entered on this form is true, accurate, and complete to the best of my knowledge. I authorize the Alaska SeaLife Center, or its authorized agents, to thoroughly investigate my references, work records, education, and other matters relating to my suitability for volunteering and further authorize my current and former employers to disclose all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release the Alaska SeaLife Center, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I understand that if I conceal or enter false information on this form, my name may be removed from consideration and I may be removed from the Volunteer Program with the Alaska SeaLife Center; that the information in this application may be released by the Alaska SeaLife Center in accordance with applicable law, and that for the purpose of this certification, a photocopy of my original signature shall have the same force and effect as my original signature.

SIGNATURE OF APPLICANT: _____ DATE: _____

PARENT OR GUARDIAN ACKNOWLEDGEMENT

I have read and understand this application and I give my child permission to be a volunteer at the Alaska SeaLife Center. I accept full responsibility for my child's participation in the volunteer program. I consent to emergency medical attention in the event I cannot be reached.

SIGNATURE OF PARENT: _____ DATE: _____

PLEASE BE SURE TO COMPLETE ALL GRAY SECTIONS FULLY. COMPLETED APPLICATIONS SHOULD BE FORWARDED TO THE HUMAN RESOURCE SPECIALIST AT THE LOCATIONS LISTED AT THE TOP OF THE FIRST PAGE.

QUESTIONS? CALL THE HUMAN RESOURCE SPECIALIST AT 1-800-224-2525 X6307.

THANK YOU FOR APPLYING TO VOLUNTEER AT THE ALASKA SEALIFE CENTER!

SOMEONE WILL CONTACT YOU SOON.