Cabrillo Marine Aquarium

3720 Stephen M. White Drive • SAN PEDRO, CALIFORNIA 90731
PHONE 310 548.7562 FAX 310 548.2649 www.cabrillomarineaquarium.org
A FACILITY OF THE CITY OF LOS ANGELES DEPARTMENT OF RECREATION & PARKS
WITH SUPPORT FROM FRIENDS CABRILLO MARINE AQUARIUM
ACCREDITED BY AMERICAN ZOO AND AQUARIUM ASSOCIATION

All volunteers are registered with the City of Los Angeles Department of Recreation and Parks. Volunteers 14 years and older must be fingerprinted and cleared prior to beginning any volunteer work. All volunteers under 18 years of age must have parent permission to volunteer.

Today's Date: _____

Name	
Address	
City, Zip	
Home Phone ( )	Work Phone ( )
FAX, Cell, or Pager (circle one) ( )	E-mail Address:
Age	Birth Date (month/day/year):

Emergency Information

Name of person to contact in case of emergency:	Relationship:
Home Phone: ( )	Work Phone: ( )
FAX, Cell, or Pager (circle one): ( )	

Are you a current volunteer or have you been a volunteer at a Los Angeles Department of Recreation and Parks facility?
☐ Yes-Name of park/recreation center/museum: _____ When? _____
☐ No

Why do you want to be a Cabrillo Marine Aquarium volunteer?

Are you currently employed? ☐ Yes, full-time ☐ Yes, part-time ☐ No ☐ Retired
Employer: If retired, where from?

Are you currently in school? ☐ Yes, full-time ☐ Yes, part-time ☐ No
Name of School:
What grade or year are you in?
Are you volunteering to fulfill school requirements?
☐ **Yes (EXPLAIN BELOW IN COMMENTS SECTION)** ☐ No

Please circle the highest grade you completed in school: 8 9 10 11 12 College Graduate Post-Graduate

Undergrad Major: Post-grad Major:

How did you hear about CMA Volunteer opportunities?

☐ Friend ☐ Self-referred ☐ Parent ☐ Internet

☐CMA /FCMA Publication ☐CMA Website ☐ Radio/T.V./Newspaper

☐ Other: _____

After reviewing our volunteer opportunities, please list your top three volunteer areas of interest.

1. _____

2. _____

3. _____

I am available for volunteer work:

☐ weekdays
- o am
- o pm

☐ weekends
- o am
- o pm

Is there anything else you'd like us to know about you? Other **COMMENTS**?

IF YOU ARE UNDER 18 YEARS OLD, HAVE YOUR PARENT/GUARDIAN COMPLETE THE FOLLOWING SECTION.

AUTHORIZATION FOR A MINOR TO PARTICIPATE AND PARTICIPANT AGREEMENT
PLEASE **PRINT CLEARLY** UNLESS OTHERWISE REQUESTED

_____ has applied to be a volunteer at **CABRILLOMARINE AQUARIUM**, a facility of the City of Los Angeles, Department of Recreation and Parks. It is necessary that a minor obtain permission from his/her parent or guardian. In order to meet a 1994 State law which requires the City of Los Angeles to conduct a background check of all volunteers who work with minors, your permission for fingerprinting is required.

I hereby grant permission for _____ to serve as a volunteer for the City of Los Angeles at the Cabrillo Marine Aquarium and be fingerprinted as allowed by law.

Parent/Guardian Name: _____

Address if different from above: _____

Phone Number: Home ( ) _____ Work or Cell ( ) _____

Relationship to Minor: _____

Signature: _____ Date: _____

Thank you for taking the time to complete our application. Please return it to Floyd Anderson, Volunteer Coordinator. After reviewing your application we will contact you with information about upcoming volunteer orientations and volunteer job openings.