

## Volunteer Application

Butterfly Pavilion, 6252 West 104<sup>th</sup> Ave. Westminster, CO 80020  
 Phone: (720) 974-1868, Fax: 303-657-5944, E-mail: [volunteering@butterflies.org](mailto:volunteering@butterflies.org)



Date:	Home Phone:
Name:	Cell Phone:
Address:	Work Phone:
City, State, Zip:	E-mail Address:

### Education \* Knowledge \* Skills

Last grade (in school) completed: Degree and/or Major:	<b>Skills</b> you would like to share as a volunteer (check all that apply): <ul style="list-style-type: none"> <li><input type="checkbox"/> Good with children</li> <li><input type="checkbox"/> Outgoing &amp; enthusiastic</li> <li><input type="checkbox"/> Lifelong learner</li> <li><input type="checkbox"/> Enjoy sharing information</li> <li><input type="checkbox"/> Teaching experience</li> <li><input type="checkbox"/> Entomological experience</li> <li><input type="checkbox"/> Writing, esp. nature orientated</li> <li><input type="checkbox"/> Storytelling or reading aloud</li> <li><input type="checkbox"/> Event organizing</li> <li><input type="checkbox"/> Research experience</li> <li><input type="checkbox"/> Computer skills</li> <li><input type="checkbox"/> Spanish speaking</li> </ul>
If in school at the present, name of the school:	
Occupation / Work experience:	
If employed, place of employment:	
Volunteer experience:	
Special Training / Courses:	

Our volunteer expectations are: volunteers must be 16 years or older, submit an application, attend the New Volunteer & Staff Orientation and additional trainings as needed for position. Volunteers are asked to give 8 hours a month.

### Areas of Interest

\_\_\_\_\_ **Tropical Odyssey Specialist** (limited time only: Training in early September, exhibit runs through March 2010)

Key Responsibilities:

- Bring the traveling exhibit to life as visitors journey with a butterfly from a farm in the rainforest to the Butterfly Pavilion.
- Create meaningful interaction between the exhibit and visitor for a deeper experience and to make connections between tropical rainforests and our daily life/lives
- Rotate through the exhibit to answer questions, facilitate flow and ensure safety for a positive experience
- Encourage and collect visitor feedback about new exhibit

**Tropical Odyssey Training Dates**

(check your availability):

- Saturday, Sept. 12, 9-12:30 pm
- Monday, Sept. 14, 4-7:30 pm
- Wednesday, Sept. 16, 11-2:30 pm
- Interested, but can't make above

We have a variety of additional volunteer opportunities available; please check all areas of interest. If you don't see something in the list that appeals to you, we have other opportunities that can be created based on your skills and interests. Note that some positions require more training than others, and you are welcome to add more areas as you gain more experience at the Butterfly Pavilion.

\_\_\_\_\_ **Horticultural Assistant** - assists in the maintenance of indoor and outdoor gardens

\_\_\_\_\_ **Butterfly Specialist** - answers questions about butterflies & plants within Wings of the Tropics exhibit

\_\_\_\_\_ **Tide Pool Specialist** - help visitors learn about and touch live ocean invertebrates at the Water's Edge Exhibit

\_\_\_\_\_ **Crawl-a-See-Em Specialist** – answers questions about arthropods in our Crawl-a-See-Em exhibit

### Availability

Please let us know the days of the week and approximate time of day you will **probably** be available as we work to establish volunteer teams. If you cannot commit to a particular day and/or time, please note that your availability is variable.

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time							
Variable							

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

### General Information

Why do you want to volunteer? What would make you feel you have been successful? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What aspect have you enjoyed most about your previous paid or volunteer work? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please expand on your personal skills and interests you would like share as a volunteer. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any areas of interest you are hoping to learn more about by doing volunteer work here?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Volunteer Reference and Background Check Form

### Reference Check

Please list (3) personal and/or professional references below.

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Name	Phone	Relationship
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Name	Phone	Relationship
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Name	Phone	Relationship
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### Background Check

The policy of the Butterfly Pavilion is to perform a Colorado Bureau of Investigation (CBI) background check and a Department of Motor Vehicle (DMV) driver's license check. I understand that my volunteer position at the Butterfly Pavilion is contingent upon a positive result of these background and reference checks.

I hereby give consent to the Butterfly Pavilion to perform the necessary research or inquiries sufficient to qualify me as a volunteer for the Butterfly Pavilion.

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Applicant's FULL Printed Name (First, Middle & Last)

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Applicant's Birthday (month/day/year)

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Applicant's Driver's License Number

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Applicant's Signature

Date



## Volunteer Emergency Card



In order to be of service to you in case of accident or sudden illness when you are unable to give directions, it is necessary that you indicate in the spaces below your individual preference.

Volunteer Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

Home Telephone \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) Call \_\_\_\_\_  
Name Relationship Phone or cell phone

( ) Call \_\_\_\_\_  
Name Relationship Phone or cell phone

( ) Call Physician \_\_\_\_\_  
Name Phone or cell phone

Individual Health Needs \_\_\_\_\_  
(Medication, allergies, etc.)

It is understood that a conscientious effort will be made to locate the emergency contacts listed, before any action is taken. However, in the event of an emergency, I hereby give my permission for 911 to be contacted and for the physician, hospital or medial service selected to hospitalize, and secure proper treatment.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature if under 18 \_\_\_\_\_ Date \_\_\_\_\_

Please return completed application to:  
Kris Pohl, Volunteer Coordinator, Butterfly Pavilion, 6252 W. 104<sup>th</sup> Ave, Westminster, CO 80020  
E-mail: [volunteering@butterflies.org](mailto:volunteering@butterflies.org) or Fax:303-657-5944