Intern and Volunteer Forms

September 2021

Interns and Volunteers are to fill out the respective application form along with the release of liability and insurance forms and submit to Belize Audubon Society, PO Box 1001, Belize City Belize or email info@belizeaudubon.org

INTERN APPLICATION FORM

Personal Information

NAME _____
ADDRESS_____
_____ COUNTRY_____
PHONE: H_____ W_____ FAX_____
E-MAIL_____
College or University_____
Major/Concentration_____
Degree awarded or working toward_____
Anticipation graduation date_____

Internship Information

Please indicate your availability:
Date:_____Month:_____Year:_____ to Date:_____Month:_____Year:_____
Will you be available for:
___Full time, 45hrs/week ____Part time # of Days:_____ Time:_____
Will you seek academic credit fo this internship? YES_____ NO_____
What area are you interested?
___Office Administration ___Environmental Education ____Community Outreach
___Protected Areas Management ___Photography/Writing

References

Please provide two professional references

	Name	Email; Address; Phone Number	Relationship
1.	_____	_____	_____
	_____	_____	
		_____	
2.	_____	_____	_____
	_____	_____	
		_____	

I hereby attest that the above information is true to the best of my knowledge

_____ _____
Signature Date

Attachments:

Please submit the following as part of your application if you are currently attending University.

Personal Statement: One page state the following:

1. Why you are interested in an internship at BAS.
2. Projects or activities at BAS that interest you.
3. A brief description of what you have to offer – special skills, education or training

Resumé: Attach a resumé in which you list relevant coursework, employment history and other relevant experience.

Police record: Provide copy of police record (must be within one (1) month before commencing term)

Letter of Recommendation: Provide one brief letter from a current or former professor.

VOLUNTEER APPLICATION FORM

NAME _____

ADDRESS_____

_____ COUNTRY_____

PHONE: H_____ W_____ FAX_____

E-MAIL_____

CURRENT EMPLOYER/SCHOOL_____

PROFESSION/AREA OF STUDY_____

Where did you hear about The Belize Audubon Society and our opportunities?

_____

If you have a disability, what accommodations would you need to work for BAS?

_____

_____

How long are you able to work? Number of months: Starting:

What skills, training or knowledge do you wish to utilize at the Belize Audubon Society and what are your objectives from this work?

_____

_____

_____

_____

Why will you be useful to the Belize Audubon Society?

_____

_____

_____

_____

Provide two personal or professional references

Name	**Email, Address, Phone Number**	**Relationship**
1._____	_____	_____
_____	_____	
	_____	
2._____	_____	_____
_____	_____	
	_____	

Provide copy of police record (must be within one (1) month before commencing term)

I hereby attest that the above information is true to the best of my knowledge

_____ _____

Signature Date

LIFE & MEDICAL INSURANCE FORM

*Copy of Insurance ID/Card is to be attached to completed document.

Name: _____
(first) (middle) (last)

Home address: _____
Mailing address: _____
DOB: _____ Age: _____

Are you currently covered by an Insurance carrier? ☐ Yes ☐ No

What type of Insurance Coverage do you have?
☐ Medical ☐ Life

Insurance Carrier: _____
Insurance Agent's name: _____
Contact #: _____
Email address: _____
Policy #: _____
Join date: _____ Expiry date: _____

Emergency contact: _____ Relationship: _____
Address: _____
Contact #: _____
Email address: _____

Please list any/all allergies: _____
Medications that you take on a regular basis: _____
Any pre-existing conditions? Please list: _____
_____

Signature: _____ Date: _____

Witness: _____ Date: _____

VOLUNTEER/INTERN LIABILITY RELEASE FORM

I,_____ hereby release, indemnify, and hold harmless the Belize Audubon Society, their employees, directors and all persons conducting directly or indirectly the activities surrounding my involvement as a volunteer/intern from any and all claims, rights, demands, actions, causes of action or anyone claiming by, through or under me ever had, now have, or may have against the parties identified above arising from any injury, act or omission relating in the way to my participation as a volunteer.

I understand that I am to receive no payment for services from the Belize Audubon Society. I am not an employee. I will not be entitiled to and will not receive benefits or other similar payments from the Belize Audubon Society in the event that I am injured.

I hereby consent that the Belize Audubon Society can copyright, publish, use, sell or assign any and all photographic portriats, pictures, television spots or any part thereof, that they may take of me during my work as a volunteer/intern in which I may be included. I hereby waive any right I may have to inspect and/or approve the finished product or the advertisng copy that may be used.

I acknowledge that I have read, fully understand and am voluntarily signing this release without any inducement from any member of staff.

Signature of Volunteer/Intern _____

Signature of Witness_____

Date_____