



International Game Fish Association

VOLUNTEER APPLICATION



Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthdate _____ Email: _____

Telephone - Home: (____) _____ Work: (____) _____ Cell: (____) _____

Special Needs? Explain: _____

Emergency Contact Name: _____ Phone: (____) _____

Are you a: student ____; employee ____; retiree ____? If a student, specify hours needed: ____ Grade: ____

If an employee, what company do you work for? _____

Have you ever been convicted of a crime? Yes ____ No ____ If yes, please explain: _____

Parent/Guardian signature **required** if under 18: "I verify that I am the parent/guardian of this individual and that the information above is correct." _____

As of April 15, 2015, the museum closed its doors to the public. Because of this, several volunteer positions are no longer available. IGFA's Education Department is still attending and hosting fishing-related events in which we need help from volunteers. We will also need a lot of help during the summer as a Jr Camp Volunteer.

Thank you for your interest in volunteering at the International Game Fish Association. Please return this application to the volunteer department.

Volunteer Coordinator
Office: 954-924-4340, lmorse@igfa.org
300 Gulf Stream Way, Dania Beach, FL 33004

International Game Fish Association

Volunteer Commitment



Being an IGFA volunteer is a position of significant importance to the Fishing Hall of Fame with associated rights, privileges and responsibly. Each volunteer is asked to agree to the minimum standards as outlined below that will assure that the new volunteers will fit well into the IGFA organization. These requirements are listed below:

1. I realize that by agreeing to be an IGFA Volunteer, I am making a commitment to a position that requires both responsibility and accountability. I agree to report for my assigned shifts on a punctual and consistent basis and to perform to the best of my abilities. I will notify my supervisor of any absences with as much lead time as possible and notify my supervisor and the volunteer office if I wish to terminate this commitment.
2. I authorize the IGFA personnel to use photographs or film taken of or by the undersigned during my volunteer duty for presentations and displays. Furthermore, I release and discharge IGFA from any claims to any product developed by the undersigned while volunteering.
3. I comprehend that there will be a non-refundable \$10 registration and application fee due at the start of the Volunteer Orientation in order to start volunteering. I understand that this fee will not be refunded if I choose not to continue with the IGFA or if my participation is terminated.
4. I understand that my performance as an IGFA Volunteer is subject to review and evaluation by appropriate IGFA staff. I agree to such an evaluation and realize that unsatisfactory performance may result in change of assignment or termination to my participation in the IGFA volunteer program.

Signature

Date

Print Name

Signature of Parent or Guardian (if under 18)

Date

Method of Payment: ___Check ___ Cash ___ Master Card ___ Visa ___ Discover ___ Amex
Check #: _____ **Credit Card #:** _____ **Exp. Date:** _____
(Made payable to IGFA)
Printed Name on Card: _____ **Signature:** _____

This volunteer commitment form will be retained by the Volunteer Coordinator



International Game Fish Association



VOLUNTEER CONTRACT/RELEASE

I have read the International Game Fish Association (IGFA) volunteer job description and understand the responsibilities of becoming an IGFA volunteer.

In consideration of my being accepted as a volunteer with the IGFA, I agree that the IGFA shall not be liable for the payment of any wages, salary or other employment benefits to me. I am volunteering my time in exchange for the opportunity to work at the Fishing Hall of Fame.

I agree that I shall be responsible for any injuries or damage incurred by me while performing volunteer services at the IGFA. The IGFA will, however, be responsible if I am injured and the injury is caused by the sole negligence of the IGFA or its employees.

I understand that the IGFA will hold me responsible for any damage to property of the IGFA or property belonging to third parties if the damage is caused by my negligent conduct. Likewise, I understand that the IGFA will hold me responsible for all injuries sustained by persons when the injury is caused by my negligent conduct. I understand and agree that I shall be expected to pay for damaged or injuries caused by my negligent conduct. I understand and agree that I shall be expected to pay for damages or injuries caused by my negligence.

I understand that I may be subject to a background test at any time and without cause, the results of which may affect my capacity to volunteer with the IGFA.

I understand that either I or the IGFA, without cause, may terminate this volunteer contract at any time by giving notice in writing. In such event, any programs and/or educational materials that I have developed will remain the property of the IGFA.

Signature of volunteer

Date

Name Printed

Signature of Parent or Guardian (if under 18)

Date

Office use only

Approved by: _____ Date: _____ Orientation Date: _____

Entered in Computer: _____

ID Documents Received: Student ID _____ DL _____ Other _____ Type: _____

Registration Fee Received: _____ Y _____ N