

Volunteer Application

INFORMATION

The Institute engages volunteers throughout the year to help with a variety of projects. Please note that all volunteer and internship positions at the Institute are unpaid.

LAST NAME:	FIRST N	AME:	
EMAIL:	PHOI	NE NUMBER:	
ADDRESS:			
CITY:	STATE:	ZIP:	
Why do you want to	volunteer for HSWRI?	Specific areas of in	terests?
What is your expect	ed Start/End date?		
Do you have any acarelevant to aquacult	ademic/job related exp ure?	eriences/skills that	are

Will you be receiving requirements?	ng any school c	redits? If so, wha	at are the
What are the days you are available to volunteer?	Are you available weekends?	Are you available weeknights?	Are you over the age of 18?
Monday	Yes	Yes	Yes
Tuesday	No	No	No
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
AII			

Do you have any physical limitations?
(e.g. problems lifting heavy weights/walking in sand, etc.)
Note: This does not determine your volunteer status. It will be used to assign
appropriate tasks and does not preclude you from volunteering.
Do you have any swimming experience?
(Please describe your skill level)
Do you have any special skills that may be helpful?
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