



Instructions to complete the

Volunteer Program Application

The following documents are detailed to evaluate your application program volunteer, internship, job experience, community service projects scouting, student science fair or research student in Puerto Rico Manatee Conservation Center (Caribbean Stranding Network / Inter-American University of Puerto Rico). The application together with the following documents digitized should be sent to our address volunt@manatipr.org.

- 1. Volunteer application.
- 2. Copy of a transcript of school / college.
- 3. Two letters of recommendation.
- 4. Essay detailing their interest in participating in the program and its adaptability to work in groups and how you can best contribute to the Center. Also it should detail which of the 7 principal programs of the Center is interested in participating more actively. Coming from abroad or from the continental United States, you must also include how will pay for your stay during your volunteering.
- 5. Resume.
- 6. Certificate of good conduct (for > 18 years)
- 7. Copy of certificate of vaccination tetanus.
- 8. Medical certificate of fitness (Center form)
- 9. A photograph 2x2.
- 10. Letter of authorization from the parent or guardian if a under age (<18 years) and release of liability.

The general volunteership and community service is for a minimum of 4 hours a week for one year. The job experience is for a minimum of 6 hours daily for 1-5 days. Student participation in research is for 10 or 20 hours per week for one semester. The participation of students in the science fair is for a minimum of 4 hours per week for 4 weeks. Internships are usually for a minimum of 40 hours per week for 2-6 months.

Volunteers will participate mainly from one of the 7 principal programs of the Center, but will gain experience in all areas:

- Aquaponic and food sustainability
- Acuariology
- Education and community outreach
- Tanks, filters and water quality
- Population research
- Rehabilitation and veterinary care
- Rescue and stranding response

Applications are evaluated at the end of each month. Only complete applications will be evaluated. The applicant must pass a first evaluation of the requested documents to qualify for an interview. Successfully pass the interview, the applicant will participate in a job test and skills test (if is of age). Of these satisfactory, depending on the capacity of volunteers for the semester or summer, you may be offered a place in our volunteer program.

Thank you for your interest in our programs.

v. January 2015



Volunteer Program Application

Accompany this completed application with the digitized documents detailed in the attached sheet. All documents must be sent to our address volunt@manatipr.org.

Choose the volunteerhip are requesting (check only one):

- General volunteerhip**
 Job experience
 Student of science fair
 Internship
 Community Service
 Scout team project
 Research student

Choose the particular program are requesting (check only one):

- Rescue and stranding response**
 Rehabilitation and veterinary care
 Tanks, filters and water quality
 Acuariology
 Education and community outreach
 Population research
 Aquaponic and food sustainability

General Information

Date _____

Name _____

Date of birth _____ Age _____ Height _____ Weight _____

Hair color _____ Eye color _____ Occupation _____

Degrees obtained: Secondary BS MS DVM/PhD
 Expected degrees: Secondary BS MS DVM/PhD

Major/Speciality _____

Institution/school/college _____

Language proficiency
 Spanish
 English
 Others: _____

Permanent address _____

City/town _____ State/country _____ Zip code _____

Phone number _____ Email _____

Work _____ Position _____

Supervisor _____ Telephone _____

Licenses and certificates: driver diving first aid CPR navigation Others _____

Dates, days and hours of availability _____

Professional and personal interests _____

Skills (computer, art, oratory, writing, etc.) _____

I _____ request admission to the program (check only one):

General volunteership for a minimum of 4 hours a week for one year.

Community service for a minimum of 4 hours a week for one year.

Scout team project for a minimum of ____ hours a week for ____ months.

Job experience for a minimum of 6 hours daily for 1 2 3 4 5 day(s).

Research student for a minimum of 10 20 hours per week for one semester.

Student of science fair for a minimum of 4 hours per week for 4 weeks.

Internship for a minimum of 40 hours per week for 1 2 3 4 5 6 month(s).

I certify that the above information is correct. I understand that being a volunteer program does not receive any financial remuneration. I also understand that the Caribbean Stranding Network and the Inter-American University of Puerto Rico are not responsible for damages caused during volunteer work or internship and therefore hold harmless the Caribbean Stranding Network and the Inter-American University of Puerto Rico for any accident occurring. If accepted, I will abide by the the uniform code and skill test. I authorize the Puerto Rico Manatee Conservation Center, the Caribbean Stranding Network and the Inter-American University of Puerto Rico to use photos and videos of my volunteer work at the Center.

Signature of the applicant

Signature of the parent/guardian*

Date

*A parent / guardian must sign if the applicant is under age

For office use

<input type="checkbox"/> Complete application	Date received _____			
<input type="checkbox"/> Photo	<input type="checkbox"/> Certificate of vaccination	<input type="checkbox"/> Certificate of good conduct	<input type="checkbox"/> Potential of future work	Languages <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> Others
<input type="checkbox"/> Resume	<input type="checkbox"/> Credits transcript			
<input type="checkbox"/> Financial coverage				Results _____ /40
<input type="checkbox"/> Interview	Date _____	Interview _____		Results _____ /20
<input type="checkbox"/> Job test	Date _____	Job test with _____		Results _____ /20
<input type="checkbox"/> Skills test	Date _____	Skills test with _____	<input type="checkbox"/> Under age	Results _____ /20
				Total _____ /100
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Initial of approval _____		
Accepted in	<input type="checkbox"/> <i>General volunteership</i>	<input type="checkbox"/> <i>Job experience</i>	<input type="checkbox"/> <i>Students of science fair</i>	<input type="checkbox"/> <i>Internship</i>
	<input type="checkbox"/> <i>Community service</i>	<input type="checkbox"/> <i>Scout team project</i>	<input type="checkbox"/> <i>Research student</i>	
Accepted to the program	<input type="checkbox"/> Rescue and stranding response	<input type="checkbox"/> Rehabilitation and veterinary care	<input type="checkbox"/> Tanks, filters and water quality	<input type="checkbox"/> Acuariology
	<input type="checkbox"/> Community service	<input type="checkbox"/> Population research	<input type="checkbox"/> Aquaponic and food sustainability	



Medical certificate of fitness

for volunteer work at the Puerto Rico Manatee Conservation Center

All candidates for volunteer work at the Puerto Rico Manatee Conservation Center at Inter-American University of Puerto Rico, must give that medical fitness certificate duly completed and signed by a doctor licensed in Puerto Rico or United States. Please make an appointment with your doctor and hand him this two page document once you have completed the first part.

FIRST PART

Name _____ Age _____ Gender _____
 Address _____
 City _____ State _____ Zip code _____
 Phone number _____ Email _____
 Height _____ Weight _____ Eye color _____ Hair color _____

Medical history

Check the conditions or situations that have applied you or apply to the present.

- | | | |
|--|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Significant injuries | <input type="checkbox"/> Frequent or severe colds |
| <input type="checkbox"/> Allergies to medication | <input type="checkbox"/> Hospitalization | <input type="checkbox"/> Sinuses, sinusitis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Surgical intervention | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Motion sickness | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Chest pains | <input type="checkbox"/> Dizziness, fainting or epilepsy | <input type="checkbox"/> Illicit drug use |
| <input type="checkbox"/> Current pregnancy | <input type="checkbox"/> Regular medication | <input type="checkbox"/> Ingestion of excessive alcohol |
| <input type="checkbox"/> Glasses or contact lenses | <input type="checkbox"/> Heart problems | |
| <input type="checkbox"/> Smoker | <input type="checkbox"/> Emotional problems | |

If you checked any of the above, please explain or provide more details.

Explain any injury, accident or serious illness that are not mentioned in the list above.

Person to contact in case of emergency

Name _____ Relationship _____ Phone number _____

I certify that all the above information is true.

Signature of applicant _____

Date _____

Doctor information

Name _____ Medical license number _____
 Address _____
 City _____ State _____ Zip code _____
 Phone number _____ Email _____

Medical certificate of fitness (continuation)

PART TWO

Name of the applicant _____

To ensure maximum safety of Puerto Rico Manatee Conservation Center volunteers is essential that any person involved in activities, which may include underwater activities and where it becomes necessary to use force, you are physically and psychologically fit. These activities involve being exposed to certain non-daily conditions: water immersion, extended time in the sun, adverse environmental and weather conditions, increased levels of stress and fatigue, etc. This requires that the volunteer is prepared and alert all the time. Therefore, it is requested that the doctor pay particular attention to the following areas during the medical examination:

1. Any history or detail that suggests the possibility, even momentarily, fainting (epilepsy, diabetes treated with insulin, unstable heart rate, etc.).
Comments _____
2. Any history or detail that suggests the possibility of serious problems in the ears or sinuses (chronic suppurations, surgical interventions in the ears, piercings, etc.).
Comments _____
3. Any chance of conditions that prevent or hinder the exit of air from the lungs during ascent from a dive (asthma, lung old traumas, bronchitis, pneumothorax, etc.).
Comments _____
4. Any indication of abnormally high levels of stress, low tolerance to stress or emotional instability
Comments _____
5. Any medication history or use of illegal drugs, including excess alcohol, which could diminish the functionality.
Comments _____

The following conditions represent absolute contradictions for volunteer activities in Manatee Conservation Center, either in physical facilities or in the field. People suffering from any disorder detailed below, run great risks in the practice of volunteering. These risks should be clearly explained to the applicant.

- Lightheadedness by cardiac instability or epilepsy over the past five years.
- Use of anticonvulsant drugs.
- Spontaneous pneumothorax in the last three years.
- Extreme anxiety.
- Pulmonary lesions of any kind detected by x-ray.
- Chronic impediments to clear the sinuses and middle ear.
- Angina pectoris.
- Chronic perforated eardrum or middle ear suppuration.
- Chronic vestibular disease.
- Diabetes that needs to be treated with insulin or oral agents.
- Evidence of psychosis.
- Mental deficiency.

The doctor should select one of the following options:

- Able:** Medical Examination and history do not reveal any deficiencies incompatible with volunteer work at the Center.
- Conditional able:** Medical examination and history show some details that indicate that volunteering at the Center would be inappropriate for this person. These details have been discussed with the person.
- Not able:** Medical examination and history reveal absolute contradictions for volunteer work at the Center. The person concerned has been informed.
- Temporary incapacitation:** Medical examination and history shows disabling temporary details. The applicant must refrain from work at the Center until the problem is resolved. Another medical examination will be required to continue voluntary work.

Doctor's name and license number

Doctor's signature

Date