



Join Us Saturday, April 24th to Clean Up Mariposa Key!

We're going to pick up trash to help the plants and animals of the island.

PLEASE BE AWARE THERE ARE NO RESTROOMS ON THE ISLAND
OR AT THE BOAT RAMP

Volunteers will be provided with snacks, drinks, t-shirts, and more!

Please bring gloves, hats, and plenty of sunscreen.

Volunteers will need to complete the attached FDEP volunteer forms.

The Plan

We will meet at the Bishop Harbor Boat Ramp at 8:00 am and leave for the island at 8:30am

We will be back at the boat ramp around noon.

Volunteers will need to secure their own transportation to the island. Space on boats is VERY LIMITED. Please let us know if you are having trouble finding a space on a boat.

For any questions please contact us at mariposakeyrestoration@gmail.com

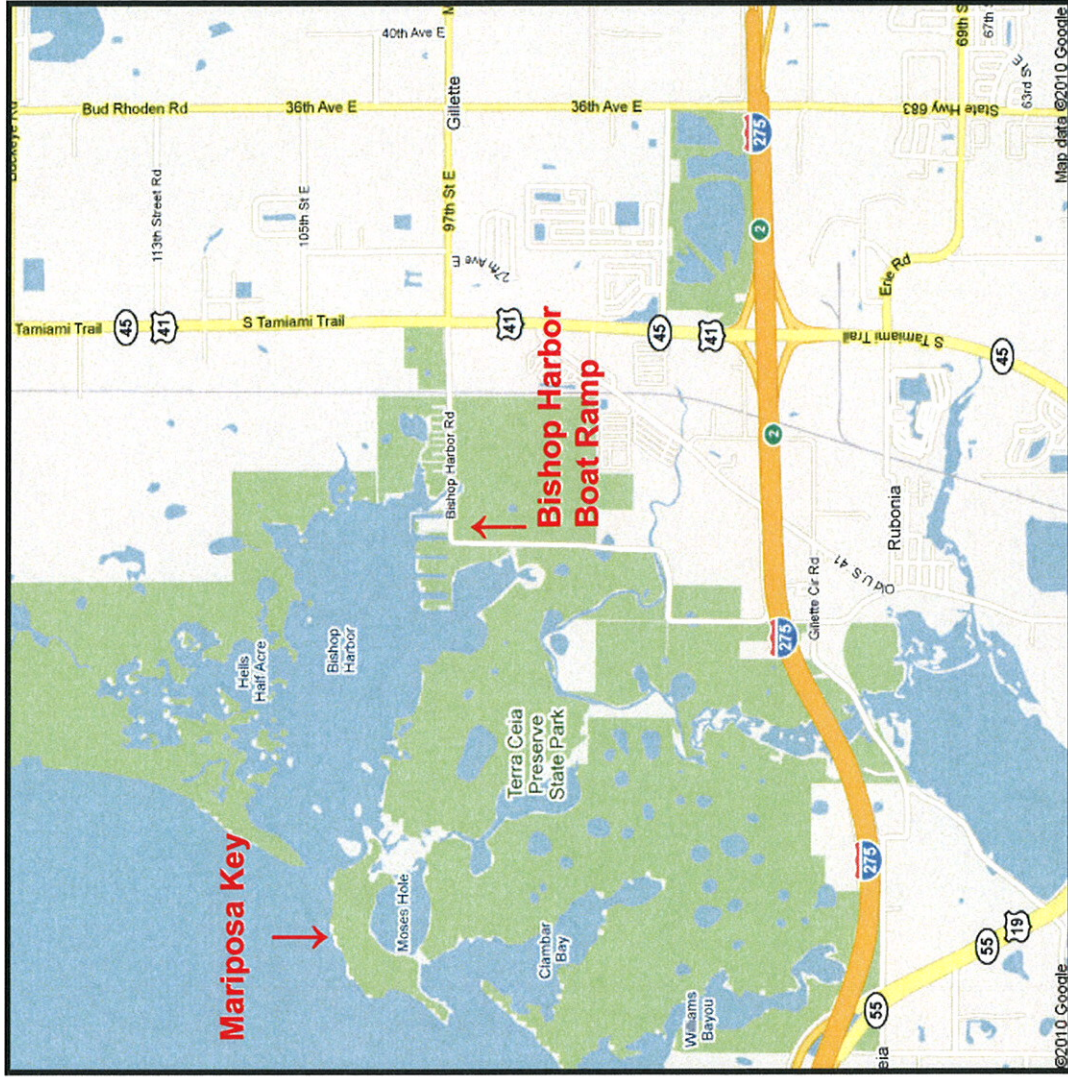
RSVP is greatly appreciated.

Directions to Bishop Harbor Boat Ramp:

From Bradenton/Sarasota: Head north on US-41 past I-275, take a left (west) on 97th St. E./Bishop Harbor Rd, boat ramp and parking area will be on your right after 0.8 miles **OR** Head north on I-75, take exit 229 (Parrish exit), turn left (west) onto Moccasin Wallow Rd, travel for 3.1 miles (past US-41), boat ramp and parking area will be on your right

From St. Petersburg: Head south on I-275, take exit 2 for US-41, turn left (north) on US-41, travel for 1.2 miles, take a left (west) on 97th St. E./Bishop Harbor Rd, boat ramp and parking area will be on your right after 0.8 miles

From Tampa: Take I-75 south, take exit 229 (Parrish exit), turn right (west) onto Moccasin Wallow Rd, travel for 3.1 miles (past US-41), boat ramp and parking area will be on your right



VOLUNTEER APPLICATION/AGREEMENT

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF RECREATION AND PARKS

Applicant (last name, first name, middle initial)		Phone
Address (include apartment number)		
City	State	Zip
E-mail		
Date of Birth		
Age		
Drivers License (required if operating a state vehicle)		Social Security Number

Name of Park:
Description of services to be provided by volunteer:
Location where volunteer is assigned:
Name of supervisor:
Parks where you wish to volunteer:

In case of emergency, please contact:

Name	Phone
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References:

1 - Name	Phone
2 - Name	Phone
3 - Name	Phone

Have you ever been charged with or convicted of a first degree misdemeanor or felony in any state or country? NO YES Have you ever been charged with or convicted of child abuse, molestation, or a sex offense? NO YES if your answer is "YES" to either question, please list the dates and jurisdictions of prior arrests or convictions.

What months are you available for volunteer service? Check:

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What days of the week do you prefer? AM or PM shifts? Check:

Sun	Mon	Tue	Wed	Thu	Fri	Sat	AM	PM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many hours per week will you contribute?

Terms and Conditions:

Volunteers are not considered to be employees of the State of Florida. Volunteer hours may be applied towards community service credits or as work experience when applying for a state position. Volunteers are covered by state liability protection (Chapter 768.28 FS) and by workers compensation (Chapter 440 FS). No other benefits or collective bargaining agreements shall apply. Volunteers shall comply with all applicable department and agency rules. This agreement may be cancelled at any time following notice by either party. Upon termination of this agreement, all uniforms, ID cards, and other park-supplied property shall be returned. By signing this application, I hereby agree to the terms and conditions cited herein and authorize the Division of Recreation and Parks to conduct a criminal history background check on me at any time during my service as a Volunteer.

YOUTH VOLUNTEER PERMISSION

I, the undersigned parent or legal guardian, do hereby grant permission for the above-named Applicant to participate in a volunteer activity at the above-named Park.

Signature of Applicant

Acceptance for DRP

Date

Signature of Parent or Legal Guardian

Date

