

ASHTON BIODIVERSITY RESEARCH & PRESERVATION INSTITUTE
At Ashton Biological Preserve, Archer, Florida

RESIDENT and RESEARCH FORM

ASHTON BIOLOGICAL PRESERVE AND UPLAND RESEARCH CENTER is a privately owned homestead, tortoise farm business and conservation Facility dedicated to the study and preservation of native Florida and other endangered species. The function of this facility is not to provide housing, recreation, or other experiences for visitors or researchers. Visitors or student researchers may be here as a matter of courtesy as they carry out approved research projects, consult on various aspects of uplands or tortoise biology, or assist with the operation of the facility for informational purposes.

APPLICATION DATE: _____

DATE RECEIVED & PROCESSED: _____

Instructions: Please print plainly in English. A resume must be attached. Additional pages or supporting examples of work or Information may be added to provide a clear understanding of employment history and research experience but should not be used in place of the application. A letter of recommendation from a Major Professor or Professional in Student's field of study is required and must accompany this application. All applicants must be in graduate school and over 18 years old or involved in funded post-doctoral research. Residents must have a valid Florida Drivers License and dependable transportation. All applicants must be willing to provide proof of compliance with the drug-free, smoke-free policies of Ashton Biological Preserve.

PERSONAL INFORMATION

SOCIAL SECURITY NUMBER _____

NAME _ _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP CODE

PERMANENT ADDRESS _____
STREET CITY STATE ZIP CODE

HOME TELEPHONE NO. (____) _____ FAX NO. (____) _____ E-Mail: _____

ARE YOU APPLYING TO STAY AT THE BUNK HOUSE ON ASHTON BIOLOGICAL PRESERVE? ____ Yes/ ____ No

WILL YOU BE ACCOMPANIED BY A SPOUSE ? ____ If yes, SPOUSE MUST COMPLETE A FULL APPLICATION AND MEET ALL OF THE DRUG-FREE-SMOKE-FREE POLICIES. (Children are not permitted in the Bunk House because of Liability) Name of Spouse _____

COLLEGE AND AREA OF SPECIALIZATION _____

GRADUATE DEGREE BEING SOUGHT _____ EXPECTED TIME FRAME FOR DEGREE COMPLETION _____

MAJOR PROFESSOR _____ Phone _____ FAX No.: _____ E-Mail: _____

AREA OF RESEARCH: _____ Herpetology _____ Tortoise/Endangered Species Farm Operations _____ Biological/Environmental/Research
_____ Ecotourism/Tourism _____ Hospitality Management/Staff Training _____ Sustainable Development _____ Environmental Education
_____ Botany _____ OTHER _____

HAVE YOU SELECTED A RESEARCH TOPIC? _____ If Yes, give general synopsis _____

IS YOUR RESEARCH BEING FUNDED? _____ If yes, give details _____

ARE YOU REQUESTING TO CARRY OUT ALL OR PART OF THIS RESEARCH AT ASHTON BIOLOGICAL PRESERVE? _____ If Yes, provide a general statement of the type of research you would like to carry out at Ashton Biological Preserve _____

IF YOU ARE APPLYING TO RESIDE AT ASHTON BIOLOGICAL PRESERVE IN THE BUNKHOUSE FACILITY, give the dates you would want to reside at Ashton

Biological Preserve _____ Will you need assistance to pay rent: ____ yes/ ____ no; Phone, electricity, food and other amenities are

not generally covered by resident grants. Indicate if you will need additional financial assistance to cover these items - ____ yes/ ____ no

ARE YOU INTERESTED IN ASSISTING WITH TASKS/LABOR AT ASHTON BIOLOGICAL PRESERVE TO COVER SOME OF YOUR RENT? ____ yes/ ____ no

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Applicant Name: _____ Date Completed: _____

ARE YOU PLANNING TO HOLD AN OUTSIDE JOB WHILE DOING RESEARCH AT ASHTON BIOLOGICAL PRESERVE? ____ If yes, where and how many hours _____

WILL YOU BE TAKING COURSE WORK WHILE RESIDING AT ASHTON, BIOLOGICAL PRESERVE? _____ If yes, how many hours and what is your ANTICIPATED SCHEDULE _____

| EDUCATION | NAME AND LOCATION OF SCHOOL | NO. YEARS COMPLETED | DID YOU GRADUATE? | DEGREE / SUBJECTS STUDIED / MAJOR |
|---------------------------|-----------------------------|---------------------|---|-----------------------------------|
| HIGH SCHOOL | ----- -- | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED | |
| COLLEGE, TRADE, BUSINESS, | ----- -- | | <input type="checkbox"/> Yes <input type="checkbox"/> No DATE | |
| OR TECHNICAL SCHOOL | ----- -- | | <input type="checkbox"/> Yes <input type="checkbox"/> No DATE | |
| | ----- -- | | <input type="checkbox"/> Yes <input type="checkbox"/> No DATE | |
| | ----- -- | | <input type="checkbox"/> Yes <input type="checkbox"/> No DATE | |

PROFESSIONAL REGISTRATIONS OR LICENSES _____ TYPE(S) _____ STATE(S) _____ YEAR(S) RECEIVED _____

PROFESSIONAL REGISTRATIONS OR LICENSES _____ TYPE(S) _____ STATE(S) _____ YEAR(S) RECEIVED _____

DO YOU HOLD A VALID DRIVER'S LICENSE? YES NO LICENSE # _____ STATE _____ EXPIRES _____

DO YOU HAVE CAR INSURANCE IN EFFECT? YES NO COMPANY _____ POLICY _____

DO YOU HAVE A GOOD DRIVING RECORD? YES NO If no, Please Explain: _____

DO YOU HAVE A VEHICLE WHICH CAN TAKE THE ROUGH ROADS AT Ashton Biological Preserve? YES NO

TYPE OF VEHICLE: _____ MODEL _____ YEAR _____ COLOR _____ LICENSE PLATE # _____

DO YOU HAVE HEALTH INSURANCE? YES NO COMPANY _____ POLICY _____

(Personal Health Insurance, liability insurance, renter's insurance and where necessary Travelers insurance are required for all Resident Researchers)

ARE YOU A US CITIZEN? YES NO IF NO THEN IN WHAT COUNTRY DO YOU HOLD CITIZENSHIP? _____

DO YOU HAVE A VALID PASSPORT FOR THAT COUNTRY? YES NO DO YOU HAVE A GREEN CARD /WORK PERMIT? YES NO

STUDENT VISA? YES NO

DO YOU HAVE A VALID US PASSPORT? YES NO If not, can you obtain a US passport? YES NO

HAVE YOU EVER BEEN ARRESTED? YES NO IF YES, PLEASE EXPLAIN _____

HAVE YOU BEEN CONVICTED OF A MISDEMEANOR? YES NO - Explain _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO - Explain _____

An arrest record will not necessarily exclude an applicant but failure to accurately provide information will automatically eliminate applicant from consideration

Applicant Name: _____ Date Completed: _____

SKILLS, TRAINING, PHYSICAL CAPABILITIES, INTERESTS, PROFESSIONAL AFFILIATIONS

ALL RESIDENT RESEARCHERS WORKING with Ashton Biodiversity R&P Institute on specific projects will need to meet minimal skill and physical capability requirements EXAMPLES - (these are examples only – specific skills will be related to the specific projects at any given time)

- Residents in tortoise, herpetology, or botanical research must be able to drive, walk 2 miles without effort, trap, measure, clean and feed tortoises or other animals, use a computer to record, enter and analyze data, move 100 lb. Tortoises, use power tools to make traps or animal holding facilities, dissect or handle dead animal material, or preserve and key plant materials, etc.
- Residents in ecotourism or marketing must have excellent computer skills, communications skills – both written and verbal, cross-cultural communications skills, desk top publishing skills relative to marketing and PR production, knowledge in specific country areas where projects are currently being completed, and be qualified to travel, etc.
- Residents in sustainable development must know flora and fauna and be able to perform biological walking surveys of several miles or more per day, understand statistical analysis, read aerial maps, delineate wetlands, take documenting photographs, etc.

YOUR SPECIAL SKILLS: _____

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD. _____

You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status

CHECK ANY OF THESE SPECIFIC SKILLS WHICH YOU HAVE: (these may or may not be relevant to the specific RESIDENT RESEARCHER assignment you are interested in participating in)

- | | |
|--|--|
| <input type="checkbox"/> speak foreign language(s) _____ | <input type="checkbox"/> write____/ read____ foreign language(s) _____ |
| <input type="checkbox"/> presentation production in Powerpoint | <input type="checkbox"/> graphics production in Corel Draw |
| <input type="checkbox"/> video production and editing | <input type="checkbox"/> SAS statistical analysis program |
| <input type="checkbox"/> scuba diving _____certification | <input type="checkbox"/> snorkeling |
| <input type="checkbox"/> computer graphics and desk top publishing | <input type="checkbox"/> computer data bases and statistical analysis |
| <input type="checkbox"/> GIS interpretation capabilities – computer work | <input type="checkbox"/> use of GPS in field and computer download |
| <input type="checkbox"/> aerial map and photo interpretation | <input type="checkbox"/> CAD of park and interpretive infrastructure |
| <input type="checkbox"/> marketing survey skills | <input type="checkbox"/> library research |
| <input type="checkbox"/> play a musical instrument _____ | <input type="checkbox"/> operate power tools such as skill saws, etc. |
| <input type="checkbox"/> operate heavy machinery – back hoe | <input type="checkbox"/> landscape, nursery or horticultural skills |
| <input type="checkbox"/> piloting an aircraft _____ | <input type="checkbox"/> captain (licensed) a boat _____(size and type) |
| <input type="checkbox"/> run water analysis or air quality tests | <input type="checkbox"/> handle venomous animals, reptiles, large mammals, insects, etc. |
| <input type="checkbox"/> veterinary training and skills | <input type="checkbox"/> construction of field traps, drift fences, cages, etc. |
| <input type="checkbox"/> certifications __CPR __Life guard __EMT | <input type="checkbox"/> mapping, orienteering, compass use |
| <input type="checkbox"/> other _____ | <input type="checkbox"/> other _____ |

| EMPLOYMENT RECORD | | | |
|---|---|---------------------------|--------------------|
| DAY, MONTH, YEAR (most recent first) | NAME, ADDRESS, AND TELEPHONE NUMBER OF EMPLOYER And NAME OF SUPERVISOR (S) | POSITION AND COMPENSATION | REASON FOR LEAVING |
| TO | (SUPERVISOR'S NAME) | _____ | |
| FROM | | _____ | |
| | | POSITION | |
| | | ANNUAL SALARY | |
| | | (ADDL. COMPENSATION) | |

Applicant Name: _____ Date Completed: _____

| | | | |
|------|---------------------|----------------------|--|
| TO | (SUPERVISOR'S NAME) | _____ | |
| | | POSITION | |
| FROM | | _____ | |
| | | ANNUAL SALARY | |
| | | _____ | |
| | | (ADDL. COMPENSATION) | |
| TO | (SUPERVISOR'S NAME) | _____ | |
| | | POSITION | |
| FROM | | _____ | |
| | | ANNUAL SALARY | |
| | | _____ | |
| | | (ADDL. COMPENSATION) | |

| | | | |
|------|---------------------|----------------------|--|
| TO | (SUPERVISOR'S NAME) | _____ | |
| | | POSITION | |
| FROM | | _____ | |
| | | ANNUAL SALARY | |
| | | _____ | |
| | | (ADDL. COMPENSATION) | |
| TO | (SUPERVISOR'S NAME) | _____ | |
| | | POSITION | |
| FROM | | _____ | |
| | | ANNUAL SALARY | |
| | | _____ | |
| | | (ADDL. COMPENSATION) | |
| TO | (SUPERVISOR'S NAME) | _____ | |
| | | POSITION | |
| FROM | | _____ | |
| | | ANNUAL SALARY | |
| | | _____ | |
| | | (ADDL. COMPENSATION) | |

State any additional information you feel may be helpful to us in considering your application.

Are you employed now? YES NO

If so, may we inquire of:

- **your present employer?** YES NO

- **your past employer(s)?** YES NO

REFERENCES Give below the names of at least three persons, other than relatives, whom you have known at least one year, that we can use as reference checks, preferably people who are familiar with you personally.

| NAME | ADDRESS AND TELEPHONE | TYPE OF BUSINESS AND BUSINESS TELEPHONE | YEARS ACQUAINTED |
|------|-----------------------|---|------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

EMERGENCY CONTACT INFORMATION

Emergency Contact _____ Phone: (____) _____ /FAX: (____) _____ /E-Mail: _____

Relationship of Emergency contact to Resident _____
 Researcher _____ Address: _____ Zip _____

HEALTH INSURANCE: _____ Group # _____ Member ID #: _____

PRIMARY PHYSICIAN: _____ Phone #: (____) _____

ANY HEALTH PROBLEMS WE SHOULD BE AWARE OF? _____ YES/ _____ NO; If yes please clarify: _____

BEE STING ALLERGY? _____ If yes do you carry medication? _____ Food Allergies? _____

Because of the nature of laboratory and outdoor field work you will be required to inform your direct supervisor of any unusual problems or of your current HIV status to help insure your safety and that of the other interns and staff working with you. Unless you have problems which will affect your ability to perform your assigned tasks, you are not required to provide this information until after you are selected and assigned an intern supervisor. This information is not requested nor is it considered as part of the intern selection process.

CONDITIONS FOR ALL RESIDENT RESEARCHERS, VISITORS, AND SPOUSES

All Resident Researchers and/or their visitors or spouses are here at Ashton Biological Preserve as a courtesy and must complete the following "covenant not to sue or hold liable in any manner" form releasing the property owners, operators and any and all staff or other guests on property from any and all liability of any type. This information is required for emergency purposes and will not be released for other purposes. By completing this form and choosing to visit Ashton Biological Preserve the Resident

Researcher/Student/ Visitor/ Spouse agrees to abide by the following regulations:

- 1) BE AWARE THAT GUARD DOGS ARE PRESENT AND LOOSE ON PROPERTY – do not tease or provoke
- 2) NO HUNTING OR COLLECTING OF ANY KIND (wildlife including invertebrates, plants, artifacts) ON THE PROPERTY (Only approved research projects may collect specific pre-approved species or artifacts)
- 3) PARK IN APPROVED AREAS ONLY AND DO NOT DRIVE OFF THE ROADS – Watch out for gopher tortoises, toads, gopher frogs and for deer on and crossing the roads
- 4) NO WALKING BAREFOOT OR AT NIGHT WITHOUT A LIGHT – there are poisonous snakes and other natural hazards on this property which is being managed for wildlife diversity; from previous construction or past history of the land there may be glass, nails, and barbed wire which tend to re-surface in these sandy soils

Applicant Name: _____ Date Completed: _____

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- 5) NO DRUGS and NO SMOKING on or in any Ashton Biological Preserve properties or facilities or at any Ashton Biodiversity R&P Institute project facility or site. NO ALCOHOL OUTSIDE OF THE BUNKHOUSE AND NO DRIVING AFTER OR WHILE DRINKING. NO Drug paraphenalia, beer cans, alcohol bottles, ashtrays, butts, or other items associated with drugs, smoking or alcohol are permitted to be in public view inside or outside of the bunkhouse or on Ashton Biological Preserve Property or research site property or in vehicles involved in a Ashton Biodiversity R&P Institute project or project site.
- 6) NO BRINGING OTHER PERSONS NOT PRE-APPROVED ON TO THE PROPERTY – ALL TRESSPASSERS WILL BE PROSECUTED TO THE FULL EXTENT OF THE LAW
- 7) NO LITTERING, NO POSSESSION OR DISCHARGE OF WEAPONS, NO OUTSIDE FIRES, NO DIGGING OR LOG TURNING
- 8) NO ENTERING ENCLOSURES AND NO PHOTOGRAPHY OF TORTOISES OR TORTOISE ENCLOSURES WITHOUT PRIOR APPROVAL
- 9) NO SWIMMING, NO FISHING, NO BOATING EXCEPT WHEN ACCOMPANIED BY STAFF OR OWNERS
- 10) NO ACCESS TO ANY BUILDINGS EXCEPT THE BUNKHOUSE unless accompanied by owners or staff
- 11) NO RELEASE OF ANIMALS CAUGHT OFF THE PROPERTY AND NO INTRODUCTION OF EXOTIC SPECIES (Plant or Animal)
- 12) Resident Researchers and Visitors are legally liable and financially responsible for any damage done as a result of ignoring or breaking any of these regulations, as a result of the researcher's/visitor's negligence or as a result of any intentional action which brings about physical or functional harm to the wildlife, facility or operation of this Preserve.

I certify that I am requesting permission to do resident research or visiting Ashton Biological Preserve by my own choice and that I am fully capable of reading, understanding and making the decision to covenant with the Ashtons, with Ashton Biodiversity Research & Preservation Institute, Inc., and Ashton Biological Preserve. I therefore do hereby covenant with the Ashtons, with the non-profit Ashton Biodiversity Research & Preservation Institute, Inc., and with the owners of Ashton Biological Preserve to hold all blameless and to never sue and to never hold liable in any form or manner for any injury, action, neglect, or other real or perceived injury to my person, property or possessions while residing on or visiting the Ashton property or while visiting a project of Ashton Biodiversity Research & Preservation Institute, Inc.

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I also authorize the companies, schools, or persons named above to give any information regarding my employment, character, and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I understand that a search can be done with law enforcement agencies of any level concerning my background.

I understand that I am not being considered for a paying job, that this is only an application for a RESIDENT RESEARCHER opportunity with no promise of any future consideration for employment but, if I am subsequently hired as a temporary employee either during the RESIDENCY or following it, I will be required to undergo a pre-employment drug screen. I understand that there will be absolutely no smoking or possession of or use of illegal drugs anywhere on the Ashton Biological Preserve or on any project location of Ashton Biodiversity Research & Preservation Institute, Inc. including vehicles, facilities, or grounds.

I understand that all data, photographs, unique products or ideas, or information that I work with, acquire, overhear or develop as a function of projects with Ashton Biodiversity Research & Preservation Institute, Inc. or on the property of Ashton Biological Preserve during the RESIDENT RESEARCHER experience are the sole property of Ashton Biodiversity Research & Preservation Institute, Inc. or of the Ashtons, and that all such information will be treated as confidential indefinitely and shall not be released, discussed, duplicated, published or otherwise utilized by me without the express written consent of the officers of Ashton Biodiversity Research & Preservation Institute, Inc. Students conducting research for publication must have all research activities pre-approved in writing to protect the long-term interests of Ashton Biodiversity Research & Preservation Institute, Inc. and Ashton Biological Preserve. No release of data or results can occur without permission of Ashton Biodiversity Research & Preservation Institute, Inc. and all results of a student's research must be provided to Ashton Biological Preserve and may be used as part of the biological profile data of that facility.

Research that involves shared activities or data with Ashton Biodiversity Research & Preservation Institute, Inc., the Ashtons or Ashton Biological Preserve will appropriately acknowledge the contribution or papers may be jointly authored where appropriate.

PRINTED NAME _____ Signature _____ Date _____

Witness _____ Relationship _____ Date _____

Applicant Name: _____ Date Completed: _____

FOR STAFF USE – DO NOT WRITE BELOW THIS LINE

INTERVIEW WITH _____ INTERVIEW DATE _____ ACCEPTED _____ /REJECTED _____

NOTIFIED _____

BEGINNING DATE _____

TOTAL HOURS AS AN INTERN _____

EXIT INTERVIEW DATE _____

PERFORMANCE EVALUATION: Prepared By _____ Date _____

(write at least 2 paragraphs with specific skills and tasks mentioned to be used for future reference letters for intern.)

LETTERS OF REFERENCE PROVIDED TO: