

# Volunteer Application

## Personal Information:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_

Are you a zoo member?  Yes  No

How did you learn about volunteer opportunities at the Sedgwick County Zoo?  
\_\_\_\_\_

Do you have any physical or mental conditions that should be considered in arranging  
volunteer assignments?  
\_\_\_\_\_

Do you have any allergies to plants or animals? \_\_\_\_\_

Have you ever been charged with or convicted for a violation of a federal, state, county  
or municipal law, regulation or ordinance?  No  Yes, explain \_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
First Middle Last

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work ( ) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Physician \_\_\_\_\_ Office Phone ( ) \_\_\_\_\_ - \_\_\_\_\_



**Education:**

Name of school last attended \_\_\_\_\_

Circle last grade completed:

High School 9 10 11 12    College 1 2 3 4

Major / Degree \_\_\_\_\_

**Employment:**

Occupation \_\_\_\_\_

Name of current employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone Number (    ) \_\_\_\_\_ - \_\_\_\_\_

Have you ever been employed by the Zoo?  No     Yes, explain \_\_\_\_\_

\_\_\_\_\_

**Volunteer Experience:**

Organization \_\_\_\_\_ Phone (    ) \_\_\_\_\_ - \_\_\_\_\_

Length of Service \_\_\_\_\_ Supervisor \_\_\_\_\_

Describe your responsibilities? \_\_\_\_\_

Why did you stop volunteering? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the information on this application is complete and correct to the best of my knowledge. I authorize the Sedgwick County Zoo Volunteer Services Department to

utilize this information in determining my volunteer placement. I realize that I serve at the will of the Volunteer Department and that they can terminate my services at their discretion.

Signature \_\_\_\_\_ Date \_ / \_ / \_

**Statement of Non-Discrimination:**

The Sedgwick County Zoo provides programs that are accessible to the public without regard to race, color, national origin, sex, age, religious or political affiliations, or disability.

**Acknowledgment and assumption of risk:**

I have been told and I understand that I assume the risks of injury or death and loss of property associated with my work as a volunteer and/or student intern at the Sedgwick County Zoo.

I agree to release Sedgwick County, the Board of County Commissioners, Sedgwick County Zoological Society, its Trustees, and Zoo employees from liability for death and/or any and all injuries that may occur to me or my property in areas that are not open to the public.

I will obey all safety instructions of the Zoo and follow all directions of the Zoo officials in the care and treatment of the animals and grounds. I will leave immediately whenever requested to do so by a Zoo official or employee.

Applicant's Signature \_\_\_\_\_ Date \_ / \_ / \_

If applicant is under the age of 18 years, a parent or legal guardian must sign this form.

Parent or Legal Guardian \_\_\_\_\_ Date \_ / \_ / \_

Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

**For Office Use Only**

Date app. turned in: \_\_\_\_\_  
Date Entered: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
Orientation Date: \_\_\_\_\_  
TB test: Y / N  
Photo Taken: Y/N  
ID Made: Y/N

Group Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Start date: \_\_\_\_\_  
Memo sent: \_\_\_\_\_