



115 Lake Shore Drive, Michigan City, IN 46360, (219) 873-1510, www.washingtonparkzoo.com

WASHINGTON PARK ZOO VOLUNTEER APPLICATION AND AGREEMENT

DATE _____

CONTACT INFORMATION

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Cell Phone _____

Email Address _____

Are you 18 years or older? Yes No

Are you in school? Yes No

If yes, is this service time for a course requirement? Yes No

PROGRAM INFORMATION

The program you are applying for:

Zoo Diet Support Maintenance Volunteer Zoo Camp

Education/ Office /Special Events Support Zoo Landscaper

Internship/ Zoo Aide (You must meet the program requirements)

Previous Work/Volunteer Experience _____

Please select all skills and interests that apply:

- Skills:**
- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Animal Care | <input type="checkbox"/> Bilingual | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Drawing/Art | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Musician | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Design/ Construction | <input type="checkbox"/> Sewing | <input type="checkbox"/> Writing |
- Interest:**
- | | | |
|--|--|--|
| <input type="checkbox"/> Animal Enrichment | <input type="checkbox"/> Public Education | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Working with Kids | <input type="checkbox"/> Zoo Society |
| <input type="checkbox"/> Committee Work | <input type="checkbox"/> Crafts | <input type="checkbox"/> Event Set-Up/ Take Down |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Research | <input type="checkbox"/> Special Events-costumed |

Other skills, interests, or activities you would like to share? _____

Have you ever been convicted of a crime? ___Yes ___No

If yes, please list the date and offense _____

What days of the week can you work at the Zoo?

___Monday ___Tuesday ___Wednesday ___Thursday ___Friday ___Saturday ___Sunday

How many hours a month would you be available? _____

EMERGENCY CONTACT INFORMATION

Call First

Name _____ Phone _____

Relationship _____

Call Second

Name _____ Phone _____

Relationship _____

PHYSICAL DEMANDS

IMPORTANT: Do you have any physical restrictions or medical conditions that we should be aware of?

___No heavy lifting ___Limited stooping, bending, reaching ___Limited standing

___Sensitive to sunlight ___Allergies - hay, mold, and bee stings, etc.

___Medications or other medical conditions

Other _____

GOALS:

Please name three goals, projects or experiences that you hope to accomplish with your time at the WPZ:

1. _____

2. _____

3. _____

Please note: The minimum age to volunteer as a Zoo Landscaper is 14 years. For those ages 14-15, a parent or guardian must be present each time you volunteer. If you are 16-18 years old, a parent/guardian does not need to be present when you volunteer, however, a parent/guardian must sign your release form. All assigned tasks will be based on the Indiana State Labor Restrictions.



RELEASE, ASSUMPTION OF RISK, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT

The undersigned applicant for himself or herself, and all those claiming by, through, or under the undersigned hereby acknowledges that volunteering at the Washington Park Zoo may expose the above-named individual to risks and hazards that may result in an injury, illness, bodily injury, or death.

The undersigned accepts such risks and voluntarily chooses for the above-named individual to participate as a volunteer after having been advised of such risks. The undersigned acknowledges that he or she has carefully read this release and has been advised about the opportunity to seek legal counsel prior to execution. By signing this form, the undersigned understands that this is a release of all claims for any illness, injury, or death that may result that occurs as a volunteer at the Washington Park Zoo.

To the extent not prohibited by law, the undersigned applicant for himself or herself, and all those claiming by, through or under the undersigned applicant hereby releases, indemnifies, protects, defends, and holds harmless the City of Michigan City, Indiana, the Michigan City Parks and Recreation Department, the Washington Park Zoo and their respective directors, officers, agents, elected and appointed officials and employees ("Indemnified Parties") from and against any and all losses, damages, liabilities, causes of action, claims, liens, judgments, costs and expenses (including, without limitation, reasonable attorneys' fees) ("Claim") in connection with injuries to any persons or damage to or theft or misappropriation or loss of property whether or not involving a third party claim, which arise out of or relate to volunteering at the Washington Park Zoo in each case whether or not caused by the negligence of the Indemnified Parties and whether or not the relevant Claims have merit.

VOLUNTEER AGREEMENT

- I certify that the information contained in this application is correct and to the best of my knowledge.
- I have provided one reference and given the Zoo permission to contact that reference.
- I understand that filling out an application does not guarantee acceptance into the volunteer program.
- If accepted into the volunteer program, I will adhere to the Zoo's policies and procedures.
- I will voluntarily offer my services with a clear understanding that there will be no monetary compensation.

Please sign if all of the above information is correct and if you have read the information about the volunteer/internship program and its requirements.

Volunteer Signature _____

Print Name: _____ Date: _____

Parental Signature(minor): _____

Print Name: _____ Date: _____