

FOLSOM CITY ZOO SANCTUARY Volunteer Application

Volunteer Information

Name: _____ Application Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell: (____) _____

Email Address: _____

Date of Birth: _____ Driver's License Number: _____

How did you hear about the Folsom City Zoo Sanctuary volunteer program?

- Website Facebook Instagram Friend/Relative
 Other: _____

Are you currently a member of the Friends of the Folsom City Zoo Sanctuary?

- Yes No

Are you at least 18 years old?

- Yes No

Have you ever been convicted for violation of any federal, state, county, or municipal law, regulation, or ordinance?
(Do not include misdemeanor or traffic violations)

- Yes No

If Yes, please explain.

Are you willing to attend a volunteer orientation and commit to at least six months of volunteer service?

- Yes No

Volunteer Opportunities

Please check the opportunities you are interested in:

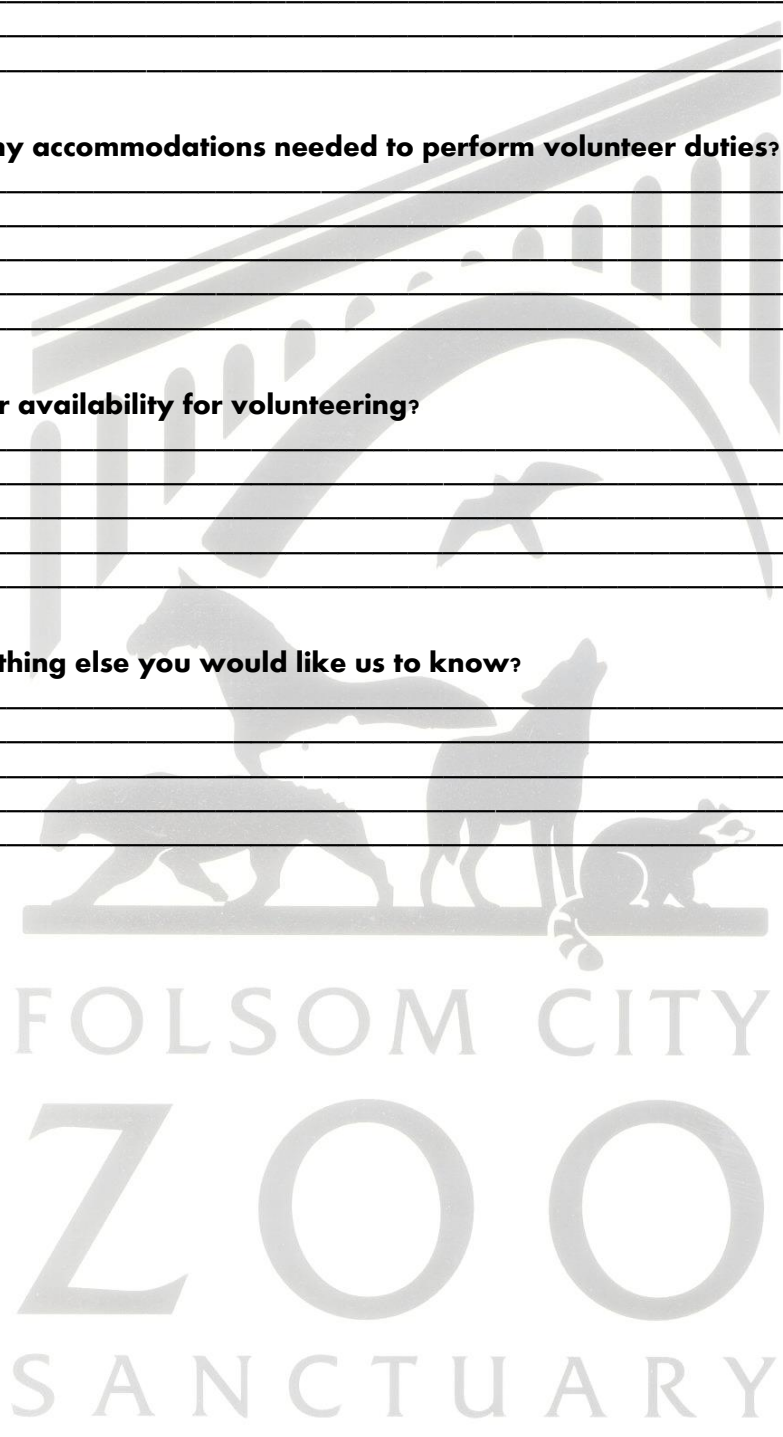
- Volunteer Zookeeper Aide**
Assists Zookeepers in caring for the animals by raking, hosing, scrubbing, and sweeping in animal enclosures. This position is physically demanding and works in all weather conditions. This position requires at least 50 hours of service as a Volunteer Commissary Aide or Volunteer Barn Attendant as a prerequisite. Experience from another zoological or animal care facility may be substituted on a case-by-case basis to fulfill prerequisite requirements.
 - Volunteer Commissary Aide**
Assists Zookeepers in caring for the animals by preparing diets and enrichment, organizing food storage, washing dishes, and assisting with laundry. Volunteers in this position must be comfortable working around frozen prey items such as mice, rats, quail, chicks, and rabbits.
 - Volunteer Barn Attendant**
Assists Zookeepers in caring for animals at the Barnyard Experience by cleaning stalls and raking pastures. Barn attendants also help maintain the guest areas of the barn, groom animals, and interact with guests. This position is physically demanding and requires working in all weather conditions. Barn Attendants should be comfortable speaking to small groups.
 - Grounds and Maintenance Volunteer**
Assists both groundkeepers and zookeepers with maintaining grounds or performing light maintenance in and around exhibits.
 - Horticulture Volunteer**
Assists by maintaining plants through the zoo. Horticulture volunteers water, trim, rake, and weed as well as cut browse for the zoo's animals.
 - Docent**
Educate guests about animals and conservation by leading tours, presenting animals and biofacts, and through many other interpretive programs. This position requires acceptance into the Docent Program and completion of the Docent Class. Docents must be at least 21 years of age.
 - Gift Shop Volunteer**
Sell and merchandise gifts in the FCZS Gift Shop. Gift Shop Volunteers must be comfortable with cash handling (or willing to learn) and enjoy interacting with the public.
 - Events Volunteer**
Assist with the planning or the set-up and take down of events. Event volunteers often work evenings and must be comfortable working with the public.
 - Other Area of Interest (please explain)**
-
-

What are your hobbies and interests?

Are there any accommodations needed to perform volunteer duties?

What is your availability for volunteering?

Is there anything else you would like us to know?



References

Please list two personal or professional references. List references that are not related to you who can speak about your reliability, work-ethic, and attitude.

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email Address: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email Address: _____

Additional Information

Because of the personal time and effort required of volunteers at the Folsom City Zoo Sanctuary, all applicants should seriously consider their personal responsibilities before applying. Most volunteer positions require a minimum of 8 hours per month and must work within the volunteer schedule. Volunteer Zookeeper Aides, Commissary Aides, and Barn Attendants are generally scheduled to work a 4 hour shift each week.

Volunteers may be asked to work some days or evenings for our Special Events including Wild Nights and Holiday Lights or fundraisers. These are generally scheduled for evenings with shifts of 4-8 hours.

Do you feel volunteering at the Folsom City Zoo Sanctuary will fit into your schedule?

Yes No

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Yes No

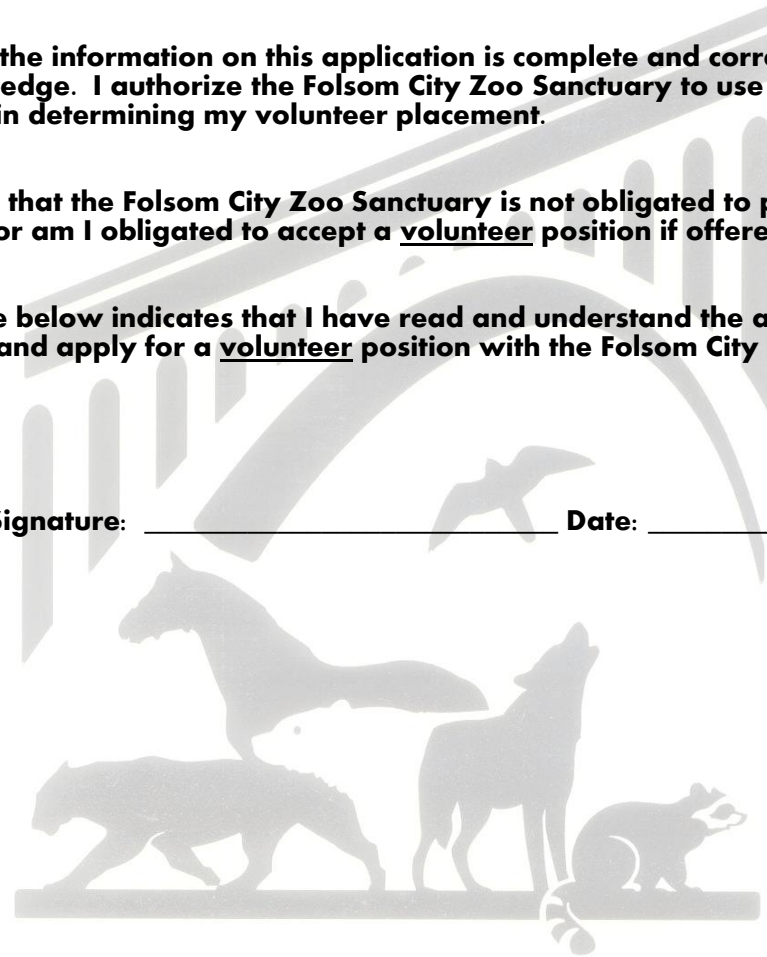
Acknowledgement of Understanding

I certify that the information on this application is complete and correct to the best of my knowledge. I authorize the Folsom City Zoo Sanctuary to use this information in determining my volunteer placement.

I understand that the Folsom City Zoo Sanctuary is not obligated to provide placement nor am I obligated to accept a volunteer position if offered.

My signature below indicates that I have read and understand the attached information and apply for a volunteer position with the Folsom City Zoo Sanctuary.

Applicant's Signature: _____ Date: _____



FOLSOM CITY
SANCTUARY

☛ -For Official Folsom City Zoo Sanctuary Use Only- ☛

Interviewed by Volunteer Coordinators: _____ Approved by Zoo Manager: _____
Security Clearance: _____ M.L. Confirmation: _____
Hold Harmless: _____ No Touching: _____
Tetanus: _____ T.B. Test: _____
Orientation: _____ Shirt: _____ Volunteer Guide: _____
Position Offered: _____ Position Accepted: _____
Start Date: _____
Notes:



**PARTICIPANT WAIVER,
RELEASE OF LIABILITY, ASSUMPTION OF RISK,
HOLD HARMLESS AGREEMENT, AND PHOTO RELEASE**

CITY OF
FOLSOM
DISTINCTIVE BY NATURE

FOLSOM CITY ZOO SANCTUARY – VOLUNTEERS

Name _____ Phone _____

Address/City/Zip _____

Emergency Contact _____ Phone _____

Age (if under 18) ____ **(Parent or Legal Guardian must sign below)**

I am participating with the Folsom City Zoo Sanctuary as a volunteer (“the Program”). My participation in the Program is strictly voluntary and I understand and agree that I am not employed by the City of Folsom (“City”) or the Folsom City Zoo Sanctuary (“Zoo”). I agree to volunteer for the personal satisfaction of doing so, with no expectation of, or desire to receive, any wages or compensation in exchange for my participation. I understand that the City’s policy is to cover volunteers in the same manner as employees of the City for the purposes of Workers’ Compensation benefits only. I also understand that under Workers’ Compensation laws, Workers’ Compensation benefits will be the sole and exclusive remedy in the event I am injured while performing these volunteer activities and services. Furthermore, I also understand that the City of Folsom’s Workers’ Compensation policy may not cover certain injuries or damages sustained during the course of volunteering. I understand that I would not be allowed to participate in the Program without these acknowledgements. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during the Program. I understand that the City of Folsom is neither obligated nor required to provide medical assistance.

I understand that my participation in the Program involves inherent risks associated with the nature of the activities in which I am participating. Each of these activities may involve some risk of injury, property damage, and some activities may be more dangerous than others and involve the risk of serious injury or death. These activities and elements include, but are not limited to, exposure to animal bites and scratches, insects, and diseases; the condition of the animals; exposure to natural elements such as wildlife, allergens, plants, temperature and weather conditions; the actions of other volunteers, participants, visitors, guests and spectators; use of zoo equipment; activities that may involve physical exertion or labor; and other hazards, known and unknown. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 from participating in the Program and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 from participating in the Program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the City of Folsom officers, agents, employees, contractors, or volunteers, and the public. I consent to having my temperature taken prior to the start of my participation in the Program. I understand that these risks may fall outside the scope of coverage provided by the City of Folsom’s Workers’ Compensation coverage. I affirm that I am in good health and physically able to perform the activities associated with the Program and have not been advised against participating by a qualified medical professional.

With the exception of Workers’ Compensation benefits, in consideration of my ability to participate in the Program, I, on behalf of myself, my family, and my heirs, agree to: (A) protect, defend, indemnify, and hold harmless the City of Folsom, its officers, agents, employees, and volunteers from and against any and all claims or causes of action for death, personal injury, or property damage arising out of, resulting from, or in any way

related to my participation in the Program; (B) waive, release from all liability, and forever discharge the entities and individuals mentioned above from any and all claims and demands of any kind, nature, and description whatsoever, and any and all liabilities, damages, injuries, actions or causes of action, either at law or in equity, which I have or may have in the future arising out of or in any way related to or connected with my participation in the Program. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them or because of their possible liability without fault. With the exception of Workers' Compensation benefits, I acknowledge and agree that this release applies to all claims and causes of action for injuries, damages, or losses to my person and property, real or personal, whether those injuries, damages, or losses are known or unknown, foreseen or unforeseen, or patent or latent, that I may have against the City of Folsom and its officers, agents, employees, and volunteers in connection with my participation in the Program, and I hereby waive application of California Civil Code Section 1542. I understand and acknowledge that the significance and consequence of this waiver of California Civil Code Section 1542 is that even if I should eventually suffer additional damages arising out of my participation in the Program I will not be able to make any claim for those damages. Furthermore, I acknowledge that I intend these consequences even as to claims for damages that may exist as of the date of this release but which I do not know existed, and which, if known, would materially affect my decision to execute this release, regardless of whether the lack of knowledge is the result of ignorance, oversight, error, negligence, or any other cause. I certify that I have read the following provisions of California Civil Code Section 1542:

“A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.”

And indicate that fact by placing my initials here: _____ **(Initials of Parent/Conservator/Legal Guardian)**

I understand that photographs may be taken during the course of the Program in which I am participating and I voluntarily consent that pictures, videos, or film likenesses of me may be taken and used for any legitimate purpose by the City of Folsom or the Folsom City Zoo Sanctuary including the newspaper, press releases, social media sites, and other media.

I understand and agree that this document shall be construed broadly to provide a waiver, release of liability, assumption of risk, and hold harmless agreement to the maximum extent permitted by law. With the exception of Workers' Compensation benefits, I understand that by signing this document I am freeing the City of Folsom, its officers, agents, employees, and volunteers from any liability resulting from my participation in the Program. I understand that if I am injured, this document will be used against me and anyone else claiming injury or damage in any legal action because of my injury.

I have carefully read this entire two page Waiver and Release and understand its terms and their legal significance. This waiver, release and indemnification is freely and voluntarily given with the understanding that right to legal recourse against the City of Folsom is knowingly given up in return for allowing my participation in the Program. My signature is intended not only to bind myself, but all successors, heirs, representatives, administrators, and assigns that I may have. No oral representations, statements or inducements apart from this written agreement have been made.

Print Name _____

Signature _____ Date _____

Parent/Conservator/Legal Guardian Signature _____ Date _____