

ZOO VOLUNTEER APPLICATION



Thank you for your interest in volunteering with the Little Rock Zoo! Please fill-out the attached volunteer application and return it to kjackson@littlerock.org or mail to Kaylah Jackson, 1 Zoo Drive, Little Rock, AR 72205. You may also drop-off your application in person at the Zoo Attn.: Kaylah Jackson. **Please fill-out all blank fields.** The Zoo is required to conduct a background check on all volunteers to screen for criminal backgrounds that would exclude some from participating in our programs. We appreciate your understanding and willingness to help us create a safe environment for all guests and volunteers at the Zoo. Questions? Please contact Kaylah Jackson, Volunteer Coordinator (501) 661-7212.

CONTACT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Email Address			
Mobile Phone	Home Phone	Business Phone	
Emergency Contact	Phone	Relationship	
Organization/School			

PERSONAL INFORMATION

Date of Birth	SSN #	Driver's License #	
How did you hear about volunteering for the Zoo?			
Do you have any skills or experience that will help you as a volunteer? If so, please explain.			
What area are you interested in?	Special Events <input type="checkbox"/>	Docent <input type="checkbox"/>	Landscape <input type="checkbox"/> Animals <input type="checkbox"/> Zoo Crew <input type="checkbox"/>

VOLUNTEER LIABILITY RELEASE

Initials	I hereby give my permission for the release to <i>Little Rock Zoo/Arkansas Zoological Foundation, #1 Zoo Drive, Little Rock, AR 72205</i> , of information from law enforcement files concerning any conviction, any pending charges, or any arrests.
Initials	I understand that the Little Rock Zoo/Arkansas Zoological Foundation has the right to require this record check as a condition of volunteering.
Initials	I understand that registered sex offenders may not volunteer at the Little Rock Zoo. By initialing, I assert that I am not a registered sex offender with the State of Arkansas or any state within the United States. All volunteer names will be checked against the public list of registered sex offenders for the State of Arkansas.
Initials	I understand that I may make a written request to obtain a copy of any information released from your files pursuant to this permission form and that I have the right to challenge the accuracy and completeness of this information.
Initials	I understand that this information will be used only for administrative purposes and will not be re-disseminated to other persons or used for any other purpose.

In connection with my voluntary involvement in activities undertaken for, and with the participation and support of the Little Rock Zoo/Arkansas Zoological Foundation, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge the Little Rock Zoo/Arkansas Zoological Foundation, the City of Little Rock, its directors, employees and volunteers harmless from any cause of action, claim, or suit arising there from. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release. I grant permission for my image, picture and/or likeness to be used in the Little Rock Zoo's promotional and educational materials.

Applicant's Signature	Date
If under 18, Parent's Signature	