

Volunteer Application

The Toledo Zoo
P.O. Box 140130
Toledo, OH 43614-0801

Date: _____

Name: _____

Are you over the age of 18 years? Yes No

Address: _____

If no, list birth date: _____

City, State, Zip: _____

Home Phone #: _____

E-mail: _____

Have you ever been employed or volunteered at the Toledo Zoo before? _____

If yes, dates and position _____

Where are you currently employed? _____

What is your job title? _____ How long have you worked there? _____

Office Phone #: _____ Can we call you at work? _____

How did you hear about the Volunteer Program? _____

Volunteer Position desired _____

Educational Background: _____

Time of Availability: (Please provide an overview of available times, i.e. evenings after 5; mornings; all day,...)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

During the past ten years, have you been convicted of a crime? Yes No

If yes, identify the date, state and county of conviction. Date: _____ State: _____ County: _____

U.S. Military Service: Have you served in the U.S. military? Yes No Type of Discharge _____

(over)

Personal References (Not relatives)

Name	Street Address	City, State, Zip	Occupation	Telephone

Volunteer Experience

From	To	Agency	Duties

Special Skills, Qualifications, and Interests

(Summarize skills and qualifications acquired from other employment or volunteer positions)

Agreement

The information provided on this application is true, correct, and complete.

I agree and understand that as a volunteer, the Zoo is not obligated to provide me any payment or benefit for my services. I also agree to release the Toledo Zoological Society, its Board of Trustees, employees and agents (collectively “the Zoo”) from any liability in the event I am injured or suffer damage as a result of the negligence of the Zoo. I agree not to pursue any claim or initiate any action against the Zoo in the event I am injured or suffer damage as a result of the negligence of the Zoo. I understand and agree that this express assumption of risk, release and waiver is made on my own behalf and on behalf of my heirs, executors, representatives, assigns and when applicable, my minor child.

I agree to advise the Zoo in writing of any physical limitations which could affect or be affected by any volunteer activities I assume. I understand it is my responsibility to provide this information and I release the Zoo from any liability for injuries or illnesses which result from my failure to advise the Zoo in writing of any such limitations.

I understand that the Zoo may require alcohol, drug and substance abuse screening, and I consent to such an examination and authorize the release of the results of such an examination to the Zoo.

I hereby authorize investigation of all statements in this application and request any company, institution, or persons contacted as part of this investigation to provide any and all pertinent information. To assure their cooperation, I hereby release them from all liability for any damage that may result from furnishing same to the Zoo.

Date

Signature of Applicant

Date

Signature of Parent/Guardian (if applicant is a minor)