WILDLIFE SAFARI VOLUNTEER APPLICATION



Revised 1/27/2023

THANK YOU FOR YOUR INTEREST IN BECOMING A WILDLIFE SAFARI VOLUNTEER. PLEASE COMPLETE THIS FORM AND RETURN IT TO GUEST SERVICES

NAME AND CONTACT IN	FORMAT	ION:								
First Name:				-						
Last Name:				-						
Street:				-						
City:				-						
State/Zip:				-						
Phone:				-						
Email address:						-				
AVAILABILITY										
Morning (9am to 1pm)	Sun	Mon	Tue	Wed	Thu	Fri	Sat			
Afternoon (1pm to 5pm)										
(Please note: 100 hours per yea derive the benefits awarded to v			maint	ain you	r volur	iteer st	atus with	the parl	k and to)
Number of hours per day you w	ould pref	er to vo	luntee	r:						
Number of days per week you v	vould like	to volu	nteer:							
Number of weeks per month yo	u would li	ke to vo	oluntee	er:						
Any comments regarding your	availabilit	y :								
Assigned Time Clock Number:										

AREAS OF INTEREST (SELECT UP TO 3 AREAS IN WHICH YOU WOULD LIKE TO **VOLUNTEER**) Village Meal Preparation – Prepare daily animal diets Costco Produce Distribution – Separate donated food for different departments Special Events- Assists with events and activities Children's Zoo – Clean area and supervise guests Safari Train- Help load and unload guests Village Guide- Greet guests and give information about village events Lion Tower watch – Maintain log and radio in case of emergency Bear Tower watch – Maintain log and radio in case of emergency Cheetah Lodge Host – Answer guest questions, conduct exit survey Feed Booth- Assist staff with feed cups and guest rules Gift Shop – Stock and organize gift shop, no cash handling Aviary Attendant- Helping in Australia Walkabout Aviary Administrative – Assist in general office work **EXPERIENCE:** Please indicate any training or experience you think will benefit you as a Wildlife Safari volunteer: Please indicate any special skills, hobbies or interests you have related to the areas in which you would like to volunteer: **REFERENCES:** Please provide the names and telephone numbers of three references, non-family, who have known you for at least five years and can attest to your ability to volunteer at Wildlife Safari:

Phone

Phone

Date:

Name

Name

Signed:

WILDLIFE SAFARI VOLUNTEER BENEFITS

Wildlife Safari volunteers become eligible for the following benefits after 30 days and meeting an average of 4 hours per week minimum.

- Up to 35 Buy One, Get One free (BOGO) drive thru tickets each year
- Free animal encounters (when available)
- 40% discount in gift shop and restaurant
- Free train rides

After 100 hours of service Wildlife Safari volunteers are eligible for the following benefits.

• Free membership, single + 1 (one additional guest besides spouse. May not substitute second guest for spouse)

WILDLIFE SAFARI VOLUNTEER REQUIREMENTS

- A background check is required.
- A valid tuberculosis test as this disease is transmittable to humans and animals.
- Volunteer will be issued a volunteer shirt.
- Volunteer shall not discriminate against any employee, volunteer, guest, or vendor because of race, color, religion, sex, sexual orientation, gender identity, national origin, or any other class status protected under federal, state or local law. Report to your supervisor and/or Human Resource Department any prohibited conduct that volunteer observe or experience.

Once your background check is completed, you will be assigned a time clock number to keep track of your volunteer hours. You will be eligible for a free membership after the completion of 100 volunteer hours.

WILDLIFE SAFARI WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

- 1. ASSUMPTION OF RISK. I, the undersigned VOLUNTEER, am fully aware of risks and hazards connected with being on SAFARI GAME SEARCH FOUNDATION (DBA WILDLIFE SAFARI) ("WILDLIFE SAFARI") premises, and understand that there are inherent risks, including the risk of personal or bodily injury, property damage, or death, associated with interactions with unpredictable wild animals. I understand that these risks cannot be fully eliminated, and exist even in the exercise of due care by Wildlife Safari and by me. As a condition to volunteer for Wildlife Safari on Wildlife Safari property, I hereby voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of or in any way relating to my volunteer work for Wildlife Safari, to the fullest extent allowed under applicable law.
- 2. WAIVER AND RELEASE OF LIABILITY. I, on behalf of myself, my family, my heirs, personal representatives, and assigns, hereby forever release, waive, discharge, and covenant not to sue Wildlife Safari, and its owners, shareholders, officers, directors, board, employees, agents, successors and assigns (collectively "Wildlife Safari" for purposes of this Waiver and Release Agreement) for any and all claims arising from or in any way relating to my volunteer work for Wildlife Safari, including but not limited to claims for personal or bodily injury, property damage, or death, to the fullest extent allowed under applicable law.
- **3. SEVERABILITY**. If any portion of this release is deemed invalid, then the offending provision(s) shall be severed and the remainder shall be in full force and effect. Any modification to this release must be confirmed in writing and signed by both parties.

I am at least 18 years old, have read this Volunteer Waiver and Release of Liability Agreement, and I understand and voluntarily agree to its terms.
I am the parent or legal guardian of (a) minor(s) participating as a volunteer at WILDLIFE SAFARI, have read and understand this Volunteer Waiver and Release of Liability Agreement, and I voluntarily agree to its terms on behalf of the participating minor(s).
Signature of Participant or Parent/Guardian (if Participant(s) under 18)
Date:

Check Appropriate Line and Sign:

Wildlife Safari

Permission to Procure an Investigation Report Please type or print legibly name as it appears on your driver's license.

FIRST, FULL MIDDLE, LAST NAME
STREET ADDRESS
CITY STATE ZIPCODE,
Please list other names used and dates of name change in the last ten years:
FULL NAME DATE
FULL NAME DATE
DOB:/SSN:
DRIVER.S LICENSE NUMBER STATE
Have you ever been convicted of a crime? No Yes If yes, please provide details of all convictions and locations of a convictions. (A yes answer will not necessarily disqualify you from employment.)
INVESTIGATIVE CONSUMER REPORT AUTHORIZATION
In connection with my application I understand that an investigative consumer report may be requested that includes information regarding my court records both civil and criminal, my driving records, educational and professional credentials, and personal and professional references. This may come from either public or private sources and may contain information regarding my character, experience, work habits, and reasons for termination from past employers. I understand that this document shall be kept on file and may be used at any time during my employment to procure an investigative report. I hereby release and discharge to the extent permitted by law, Wildlife Safari, its employees, any individual or agency obtaining information for Wildlife Safari, my personal and professional references, and my former employers, from any and all claims known or unknown, damages, losses, liabilities, cost, or other expenses arising from the retrieving, reporting, and/or disclosure of information in connection with this background investigation. I also understand that I may (1) request in writing the nature of the information obtained, and (2) request a written summary of my rights under the Fair Credit Reporting Act. I hereby agree that a photographic copy or a telephonic facsimile of this document shall be valid for all purposes present and future. I have read, understand and agree with the above.
Signed Date
Witnessed Date

Emergency Information Form

Personal Information		
First name		_
Middle name		_
Last name		_
Nickname		
Gender		
Phone		
Birthday (MM/DD/YYYY)		
Mailing address City, State, Zip code]
Physical address City, State, Zip code		- -
Email		_
		1
		-
		-
Medical Information		
Medical conditi	ons	
Aller	gies	_
Emergency Informati	ion	
1 st Emergency contact's na		_
Relations		_
Addr		
Phone number	er(s)	
		_
2 nd Emergency contact's na		
Relations		
Addı	ress	-
Phone number	er(s)	
	e this form to give to medical emergency personal in the event I ar	n unable to provide th
Signature	Date	