



Sequoia Park Zoo and Foundation  
VOLUNTEER APPLICATION



First Name Last Name (M/F) Birthday (MM/DD/YY)

Street Address City State Zip Code

Phone Number  Email (please check preferred method of contact)

Emergency Contact Person Phone Number Relationship

Describe your goals for volunteering at Sequoia Park Zoo: \_\_\_\_\_

Which volunteer program are you applying for?

\_\_\_ **Animal Care Volunteer** (ages 16+)

\_\_\_ **ZIP** (**Z**oo **I**nterpreter **P**rogram, ages 16+)

\_\_\_ **Monkey Business** (administrative tasks, ages 18+)

**YAK** (**Y**outh **A**ssistant **K**eeper, ages 11-15)

\_\_\_ **Zoo Crew** (maintenance tasks, ages 18+)

\_\_\_ **Community Service** – group or individual (circle one)

Describe: \_\_\_\_\_

Do you have any previous experience working with animals? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you speak any languages fluently other than English: \_\_\_\_\_

Are you interested in volunteering for Special Events: (please circle one) YES / NO

Please indicate your availability of day to volunteer:

Monday: (summer) \_\_\_\_\_

Tuesday: (summer) \_\_\_\_\_

Wednesday: (summer) \_\_\_\_\_

Thursday: (summer) \_\_\_\_\_

Friday: (summer) \_\_\_\_\_

Saturday: (fall/winter/spring) \_\_\_\_\_



**City of Eureka**  
**Personnel Department**  
 531 K Street  
 Eureka, CA 95501

**Department:** Community Services - ZOO

**Position Title:** Youth Assistant Keeper  
11-15 years old

**VOLUNTEER APPLICATION FORM** \*~~COM~~

**PERSONAL INFORMATION**

Name (Last, First, Middle)		Date of Birth	
Name (Last, First, Middle)		Area Code	Home Telephone
Mailing Address		Area Code	Work Telephone
City, State & Zip		E-Mail	

List any exceptions to the above information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RELATED EXPERIENCE:** List related experience below (paid and voluntary). Attach additional sheets if necessary.

FROM _____ TO _____ Name and Address of Employer: _____ _____ Phone Number: _____	Title of Your Position: _____ Duties You Performed _____ _____ _____
FROM _____ TO _____ Name and Address of Employer: " _____ " _____ Phone Number: _____	Title of Your Position: _____ Duties You Performed _____ _____ _____

**A "YES" ANSWER TO ANY OF THE FOLLOWING QUESTIONS REQUIRES AN EXPLANATION BELOW**

A. Have you ever been employed by the City of Eureka? If yes, from \_\_\_\_\_ to \_\_\_\_\_  
 B. Are you related to anyone currently employed by the City of Eureka? If yes, name \_\_\_\_\_  
**ADDITIONAL INFORMATION:** Use this space to provide additional information as required by your application, or to describe in greater detail any aspects of your experience that are pertinent to the position you are applying for.  
 \_\_\_\_\_  
 \_\_\_\_\_

**CERTIFICATE OF APPLICANT- PLEASE READ CAREFULLY**

I have read and understand all the information contained in my application. I authorize the release of information concerning my qualifications, character, or prior record to the City of Eureka through inquiries to any sources. I certify that all statements in my application are true and complete. I understand that any misstatements or omissions of material fact and I am aware that any misstatements or omissions of material fact may cause rejection of my application, disqualification from competing for, or discharge from volunteer assignments in this jurisdiction. Furthermore, I may be required to submit verification of any information provided on this application. I understand that as a condition for volunteering, I may be required to take and/or undergo medical and psychological tests including drug and alcohol screening. I further understand that to work with youth I will be fingerprinted for my assignment(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 " \_\_\_\_\_ (Guardian must sign if under 18)

**CITY OF EUREKA**

**VOLUNTEER APPOINTMENT FORM AND  
GENERAL CONDITIONS OF SERVICE AGREEMENT**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

POSITION Youth Assistant Keeper (YAK) DEPARTMENT Community Services - ZOO

STARTING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_

The following General Conditions of Service for Volunteers of the City of Eureka shall be understood and agreed to by the volunteer of his/her own free will, and accord, without reservations and shall be subject to the conditions set forth below:

1. I shall receive no form of compensation for my volunteer service, the only benefit I shall receive is Worker's Compensation.
2. I understand I may be terminated from volunteer service at any time without cause and without appeal.
3. From the date on my appointment and for the entire period of my service, I will comply with any City rules, regulations, orders, policies, and procedures as they may apply, exist or are amended in the future.
4. My service with the City is predicated upon my ability to report to duty at any hour of the day of the week, as required by the City, in a proper state of mind to perform all tasks as assigned, within the scope of this service.
5. I understand that the role of a Volunteer employee is ever-changing, and that the City reserves the right to expand or change the scope of this service consistent with providing the community with any level of public service judged by the City to be necessary or appropriate.
6. My fitness for continued volunteer service will be determined by my ability to perform the essential functions of my position, with or without reasonable accommodation.
7. The City does not provide a uniform or clothing allowance to Volunteer employees, but I am obligated to report to duty in the prescribed attire and neatly groomed regardless what the cost may be, and I shall comply with the City's decisions regarding grooming and conduct.
8. As a Volunteer employee, complaints may be made against me, and I am obligated to cooperate in the investigation of any complaint.
9. My volunteer service shall be limited to time periods designated by my supervisor, as determined by my regular work/personal schedule.

I, \_\_\_\_\_, understand and agree to the to the preceding  
Print Name  
General Conditions of Service for Volunteers with the City of Eureka.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Guardian must sign if under 18)

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Send a completed copy to Personnel; upon employee completing assignment, fill in "Ending Date" and forward a copy to Personnel

**CITY OF EUREKA  
INJURY AND ILLNESS PREVENTION PROGRAM**

**POLICY STATEMENT**

In accordance with Senate Bill 198, passed in January, 1991, which mandates all employers to have a written Injury and Illness Prevention Program, and as provided by the City Council of the City of Eureka on July 2, 1991, the City Council of the City of Eureka affirms its policy to implement and maintain a City-wide Injury and Illness Prevention Program.

The City Council is committed to maintaining a safe and healthy workplace for all employees, and intends to fully comply with all laws regarding worker and workplace safety. The Illness and Injury Prevention Program shall apply to all employees of the City of Eureka, and shall include the development of safety and health procedures and practices, and development of a disciplinary system to enforce compliance with established safety and health procedures and practices; periodic safety inspections to identify, evaluate, correct and/or control unsafe working conditions or practices; training for all employees upon hire, upon assumption of new duties, upon acquisition of new equipment or tools, upon new legislation, and upon any other change to working conditions; adequate protective gear and instruction in its use; thorough investigation of all accidents, including "near misses", to determine the cause and ensure that the incident does not recur; and a system of incentives and recognition for adherence to safety procedures and practices.

It shall be the responsibility of the City Manager, or his designee, to ensure that the Injury and Illness Prevention Program is implemented and maintained. The City Manager, or his designee, shall also ensure that the specifics of the Injury and Illness Prevention Program are communicated to all employees of the City of Eureka.

All employees of the City of Eureka are hereby directed to give their support and cooperation to the implementation of the Injury and Illness Prevention Program.

I have read and understand the above policy statement.

\_\_\_\_\_  
**Signature** (Guardian must sign if under 18)

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
Participants Name (please print)

**CITY OF EUREKA / SEQUOIA PARK ZOO**  
**Waiver of Liability, Medical Release and Indemnification Agreement**  
**For Participants Under Age 18**

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**ACTIVITY:** Youth Assistant Keepers (YAK) work alongside Zookeepers and Keeper Aides, assisting with barnyard duties. Duties include sweeping up sawdust/shavings/alfalfa using rakes, squeegees, brushes, brooms and shovels. Participant will also occasionally work with a wheel-barrow and assist in other areas of the zoo.

**WAIVER OF LIABILITY, MEDICAL RELEASE AND INDEMNIFICATION AGREEMENT FOR MINORS**

In consideration of the minor child being permitted by the City of Eureka to participate in the above-described activity, each of us hereby waives, releases, and discharges any and all claims and damages for personal injury, death, or property damage which said minor child may sustain or which may occur as a result of the minor child's participation in said activity. This release is intended to discharge in advance the City of Eureka (its officers, employees, and agents) from and against any and all liability arising out of or connected in any way with the participation of the minor child in said activity, even though that liability may arise out of negligence or carelessness on the part of the City of Eureka (or its officers, employees, and agents.)

I understand that the described activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur during the above-described activity; and that participants in the described activity occasionally sustain mortal or personal injuries and/or property damage as a consequence thereof. Knowing the risks involved, nevertheless I have granted permission for the minor child to participate in the above-described activity and hereby agree to assume all risks of injury and to release and hold harmless the City of Eureka (its officers, employees, and agents) who through negligence or carelessness might otherwise be liable to me or said minor child. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on the heirs and assigns of each of the undersigned.

I further agree to indemnify and to hold the City of Eureka (its officers, employees, and agents) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that said minor may sustain while participating in said activity.

I certify that I have custody or am the legal guardian of said minor by court order. I further state that said minor is physically able to participate in the activity set forth above. I further agree to reimburse or make good any loss or damage or cost that the City of Eureka (its officers, employees, or agents) may have to pay if any litigation arises on account of any claim made by said minor by anyone on behalf of said minor.

I agree that in the event said minor requires medical or surgical treatment while under the supervision of the City of Eureka's personnel in connection with the described activity, such supervisor may authorize treatment. I also agree to pay all medical, hospital, or other expenses which said minor may incur as a result of such treatment.

I hereby expressly permit said minor child to travel by private automobile to activities and events related to the above-described activity.

**I HAVE CAREFULLY READ THIS WAIVER OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF EUREKA AND I SIGN IT OF MY FREE WILL.**

_____ Name of Participant	_____ Age	_____ Signature of Participant	_____ Date
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_____ Signature of Father/Guardian	_____ Date	_____ Signature of Mother/Guardian	_____ Date
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\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Contact Phone Number

# YOUTH ASSISTANT KEEPER Emergency Contact Info and Photo Release Form

Participant's Name: \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Home \_\_\_\_\_ Mobile \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Home \_\_\_\_\_ Mobile \_\_\_\_\_

What school does the participant attend? \_\_\_\_\_

Any known allergies or medical issues?      No      Yes (please list) \_\_\_\_\_

Additional Emergency Contacts  
Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

**Permission to photograph:** We/I agree that photographs may be taken in connections with the minor's participation in the program, without compensation from the City of Eureka, Sequoia Park Zoo or their agents and employees, and consent to their use for any legal purpose.

X \_\_\_\_\_ X \_\_\_\_\_  
(Signature required from Parent/Guardian of child listed above)      (Signature required from Parent/Guardian of child listed above)