



Sequoia Park Zoo
VOLUNTEER APPLICATION
for Youth Assistant Keeper (YAK)



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: _____

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

Do you speak any languages fluently other than English: _____

Do you have any allergies or medical conditions, if so please explain: _____

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

Please indicate your availability of day to volunteer:

Monday: (summer) _____

Thursday: (summer) _____

Tuesday: (suumer) _____

Friday: (summer) _____

Wednesday: (summer) _____

Saturday: (fall/winter/spring) _____



Acknowledgement

The information in this application is true and complete, and I have not knowingly withheld any information. I understand that a misrepresentation may be cause for dismissal. I authorize verification of all information contained in this application. I understand that as a volunteer at the Sequoia Park Zoo, I will be expected to demonstrate a commitment to uphold the mission of the organization, to focus on customer service, be respectful to all employees, volunteers, and guests, and maintain an environment for people and animals alike.

As a volunteer at the Sequoia Park Zoo, I agree to follow all Zoo guidelines and policies. In addition, I give consent to the Sequoia Park Zoo to provide emergency medical attention in the event I am not able to give consent, nor my emergency contact is available. I understand and agree that the City of Eureka Community Services Department will conduct a background check on behalf of the Sequoia Park Zoo. I am aware that the Sequoia Park Zoo has the right to release me from service at any time, just as I have the right to withdraw from volunteer service at any time.

I have read and understand this agreement and am signing it voluntarily.

X _____ Date: _____
Volunteer Signature

If volunteer if under the age of 18, parent/guardian signature is also required.

X _____ Date: _____
Parent/Guardian Signature

OFFICE USE ONLY

_____ Completed Packet Received

_____ Sent to Personnel

_____ Completed Waivers

_____ Data Entered

_____ First Day Volunteered

_____ Last Day Volunteered

Notes:



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 other relevant experience: _____

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 this application, or to describe in greater detail any aspects of your experience that are pertinent to the application.

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)

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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

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**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)

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YOUTH ASSISTANT KEEPER Emergency Contact Info and Photo Release Form

Participant's Name: _____

Parent/Guardian #1 Name: _____ Email: _____

Phone Numbers: _____
Home Work Mobile

Parent/Guardian #2 Name: _____ Email: _____

Phone Numbers: _____
Home Work 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)