



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?

  X   **Animal Care Volunteer** (ages 18+)

       **ZIP** (Zoo Interpreter Program, ages 16+)

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

       **YAK** (Youth Assistant Keeper, June-August; 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 list your availability:

Monday: \_\_\_\_\_

Friday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Sunday: \_\_\_\_\_

Thursday: \_\_\_\_\_



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

**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 Parks and Recreation 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 required.

X \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature

**OFFICE USE ONLY**

\_\_\_\_\_ Completed Packet Received

\_\_\_\_\_ Sent to Personnel

\_\_\_\_\_ Background Check

\_\_\_\_\_ TBTest(ACV only)

\_\_\_\_\_ Orientation

\_\_\_\_\_ Data Entered

\_\_\_\_\_ First Day Volunteered

\_\_\_\_\_ Last Day Volunteered

Notes:

**CITY OF EUREKA**  
**VOLUNTEER APPLICATION FORM**

Name \_\_\_\_\_ Position Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_ Do you have a valid Driver's License? Yes \_\_\_ No \_\_\_  
State \_\_\_\_\_ Number \_\_\_\_\_ Class \_\_\_\_\_ Expiration \_\_\_\_\_ SSN \_\_\_\_\_

List any course work and /or training, which may be applicable:

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**RELATED EXPERIENCE:** List your job experience below. Voluntary, non-paid experience will be accepted if job related. Explain fully the duties you performed. You may attach additional sheets if necessary. Failure to complete all required information will cause your application to be rejected.

FROM _____ TO _____	Title of Your Position _____
Name and Address of Employer _____ _____ _____	Duties You Performed _____ _____ _____
Phone Number _____	_____
Name of Supervisor _____	_____
Reason for leaving _____	No. of Hours worked per week _____

**A "YES" ANSWER TO ANY OF THE NEXT 3 QUESTIONS REQUIRES AN EXPLANATION BELOW**

A. Have you ever been employed by the City of Eureka: Yes ___ No ___ From _____ to _____ Department _____	
B. Are you related to anyone currently employed by the City of Eureka? Yes ___ No ___ Name _____ Department _____	

**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 job you are seeking.

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**CERTIFICATED OF APPLICANT-PLEASE READ CAREFULLY**

I have read and understand all the information contained in this application. I authorize the release of information concerning my qualifications, character, or prior record to the City of Eureka through inquires to any sources. I certify that all statements in this application are true and complete: that there are no misrepresentations, falsifications, 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 any employment in this jurisdiction. Furthermore, I may be required to submit verification of any information provided on this application. I further understand that to work with youth I will be fingerprinted prior to my employment.	
Signature _____	Date _____





## SEQUOIA PARK ZOO **ANIMAL CARE Volunteer**

Thank you for your interest in volunteering at the Sequoia Park Zoo. Our Animal Care Volunteers enjoy rewarding experiences of assisting Zookeepers with animal care tasks and working behind-the-scenes to help further the zoo's mission. The application packet contains information about the Animal Care program and the paperwork required to apply for a volunteer position. Please read the following information carefully.

### ANIMAL CARE VOLUNTEER REQUIREMENTS

**Applicants for this program must be at least 18 years of age.** We do offer several other programs designed for our younger zoo enthusiasts; please call our volunteer coordinator at 707-442-5649 ext. 203 for more information. **Applicants must also be able to work independently, lift at least 25 pounds, walk on uneven surfaces and closely follow directions.** Animal Care Volunteers do not work directly with animals until they have volunteered for several weeks/months and have demonstrated proficiency with basic tasks. This is for both volunteer and animal safety.

We ask that Animal Care Volunteers commit to a **minimum of 8 hours per month for at least six months, plus one special event per year.** Shifts are a minimum of 2 hours long and a maximum of 4 hours long, and can be done between the hours of 9am-5pm, seven days a week. Special events occur regularly throughout the year and another a great way to learn more about the Zoo. Please give consideration to your availability before committing to this program. We have limited resources to train volunteers and are looking for those individuals who are able and willing to invest the time to gain valuable hands on experience within the field of Zookeeping.

To protect the health of you, our visitors and our zoo animals, all Animal Care Volunteers must show **proof of a negative TB skin test prior to working at the zoo.** This quick and painless test is available through your family doctor, student health center, or health clinic for a minimal fee, usually \$20. (See following page for information)

Since this program involves working with or around children, all Animal Care Volunteers **must undergo a background check.** This is a fingerprinting procedure performed at the **Eureka Police Department** at no charge. Details about these tests are included with the application packet. (See following page for information)

### APPLICATION PROCESS

1. Speak with the Volunteer Coordinator to ensure that this program is right for you.
2. Print out a volunteer application packet at the Sequoia Park Zoo webpage.  
[www.sequoiaparkzoo.net](http://www.sequoiaparkzoo.net)
3. Read all materials carefully and fill out all forms completely.
4. Get your TB test done and complete your fingerprinting (aka: Live Scan - request form attached)
5. Return completed forms and copy of negative TB test to the Volunteer Coordinator. You do not need to provide proof of Live Scan, they will be sent to us, automatically.
6. Attend orientation and schedule your first shift.



**VOLUNTEER DUTIES**

All Animal Care Volunteers will be assigned work at different areas of the Zoo including the Barnyard, aviary, and primates. We do not assign volunteers to one specific area of the zoo, but rather send volunteers to areas that need help. This keeps your volunteer shift dynamic. You will assist the zoo keepers with daily keeper duties such as feeding, cleaning, animal observations, monitoring the Contact Corral, and special projects.

As your experience and skill level increases, you can select specialized tasks requiring more training and responsibility. Additionally, volunteers can assist staff with interpretive talks, animal demonstrations, tours and other educational activities.

Keep in mind that working with zoo animals – domestic or wild – requires extensive training and education. Our animal care staff consists of carefully selected professionals with years of career experience. If your goal is to work with exotic animals either through volunteering or as a career, this is a great place to start – just remember that it requires some longevity in the program and a demonstrated ability to work well with animals and keepers.



**Information on Background Check**

**Background Check (LIVE SCAN)** – This is a confidential electronic fingerprinting procedure done at the Eureka Police Department. (***NOTE: If you go to the Sheriff's Department at the County Courthouse, you will be charged a fee.***) Simply drop in at the times listed below (no appointment needed) and bring along a photo ID (driver's license or passport) and the "Request for Live Scan Service" form we have provided. Fill out the center section of form only. The procedure can take anywhere from 15 minutes to an hour to complete, depending on the wait (first come, first served) and upon the equipment's ability to scan your prints. Results of the background check will be provided confidentially through the Department of Justice. Results could take up to a month (2-7 days typically). Your background check must be cleared before you can begin volunteering. The procedure is required only once during your time volunteering with the City of Eureka. Even if you have undergone a background check with another agency, you must complete another one with the City of Eureka.

**Eureka Police Department**                      707-441-4060                      604 C Street, Eureka  
Drop-in hours: (No appointment needed but, it is a good idea to call ahead)  
Tuesday/Wednesday/Thursday              8am-11:30pm & 1pm-2:30pm  
Cost = Free of Charge (with proper paperwork)

This process may take a month to complete but, it's definitely worth it!



## **Information About Tetanus shot and TB Testing**

**Tetanus Shot**- Not required but, recommend you have a current tetanus immunization

**TB Test**- This can be done through Humboldt Occupational Health, a student health center (if you are a student), or you can check with your personal health provider to see if they perform this service. The test has two parts: your initial appointment will involve a subcutaneous injection (just under the skin, with a small amount of fluid). Two days later you will need to return to the clinic for the result. At that time the clinic should provide you the written result, which we will need a copy for our records, prior to beginning volunteer work. **A negative TB Test is required every two years during your volunteer appointment.** If you have acquired a negative TB Test result within the last two years, you can provide us a copy of the written results and forego the test until the two years have elapsed. Please note we do not keep medical records on file and will return them immediately for your personal records.

**Humboldt Occupational Health**      707-444-3885      3116 Harrison Ave, Eureka

Drop in hours: (No appointment needed)

Monday/Tuesday      8:00am - 4:00pm (Return Wed or Thurs)

Wednesday/Friday      8:00 - 11:30am (Return Fri or Mon)

Cost = \$20.00 (at volunteer's expense)

**HSU Student Health Services**      707-826-3146      1 Plaza Ave, Arcata

Drop in hours: (No appointment needed)

Tuesday/Wednesday      11:00am - 4:00pm (Return Thurs or Fri)

Cost = \$10.00 (at volunteer's expense)

Again, thanks for your interest in volunteering at the Zoo. We hope you'll join the team and we look forward to working with you!

**If you have any questions or need more information, please contact the Volunteer Coordinator at 707-442-5649 ext. 203 or at [eventsandvolunteers@sequoiaparkzoo.net](mailto:eventsandvolunteers@sequoiaparkzoo.net)**

Sequoia Park Zoo inspires conservation of the natural world by instilling wonder, respect, and a passion for wildlife.





**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 (3/07)

***Applicant Submission***

ORI: \_\_\_\_\_ Type of Application: \_\_\_\_\_  
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: \_\_\_\_\_

Agency Address Set Contributing Agency:

\_\_\_\_\_ Mail Code (five-digit code assigned by DOJ) \_\_\_\_\_  
Agency authorized to receive criminal history information

Street No. Street or PO Box Contact Name (Mandatory for all school submissions)  
 \_\_\_\_\_ ( ) \_\_\_\_\_

City State Zip Code Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI

Alias: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Misc. No. BIL - \_\_\_\_\_  
Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street No. Street or PO Box

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
City, State and Zip Code

Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)

Level of Service:  DOJ  FBI

If resubmission, list Original ATI Number: \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)

Employer Name \_\_\_\_\_

Street No. Street or PO Box Mail Code (five digit code assigned by DOJ) \_\_\_\_\_  
 \_\_\_\_\_ ( ) \_\_\_\_\_

City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Name of Operator \_\_\_\_\_ Date \_\_\_\_\_

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_