



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 18+)

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

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

____ **YAK** (**Y**outh **A**ssistant **K**eeper, June-August; ages 11-15)

____ **Zoo Crew** (maintenance tasks, ages 18+)

____ **Community Service** – group or individual (circle one)

Describe: _____

Do you have any previous teaching or interpretive experience? 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

_____ Background Check

_____ Sent to Personnel

_____ 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:

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.

CERTIFICATED OF APPLICANT-PLEASE READ CAREFULLY

<p>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.</p>	
Signature _____	Date _____



SEQUOIA PARK ZOO ZOO INTERPRETER PROGRAM (ZIP)

Thank you for your interest in volunteering at the Sequoia Park Zoo. Our ZIP volunteers enjoy rewarding experiences of sharing their love for wildlife with hands-on discovery carts, interacting with visitors from all over the world, and helping our staff to further the zoo's mission of conservation. The application packet contains information about the ZIP program and the paperwork required to apply for a volunteer position. Please read the following information carefully.

VOLUNTEER REQUIREMENTS

Applicants for this program must be at least 16 years of age, or be accompanied by an adult. 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 as well as in teams, be comfortable speaking with the public, walk on uneven surfaces, and closely follow directions.

We ask that ZIP Volunteers commit to a **minimum of two, 2-hour shifts per month** plus one special event per year. Special events occur regularly throughout the year. 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 make the program work.

VOLUNTEER DUTIES

All ZIP Volunteers will be trained on a Discovery Cart. Currently, we offer two carts: "Exploring the Birds of the Aviary" and "Meet the Red Pandas". Carts include a variety of hands-on teaching tools such as eggs, feathers, binoculars, fur, skulls, tracks and more.

As your experience and skill level increases, you may be able to help create and implement new Discovery Carts. Additionally, volunteers can assist staff with interpretive talks, animal demonstrations, tours and other educational activities.

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 website.
www.sequoiaparkzoo.net
3. Read all materials carefully and fill out all forms completely.
4. Get your fingerprinting done (aka: Live Scan; see request form in packet)
5. Return completed forms to the Volunteer Coordinator. You do not need to provide proof of Live Scan, they will send the results automatically.
6. Attend orientation and schedule your first shift.

This process may take up to a month to complete but, it is worth it!

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:

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

City State Zip Code

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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: _____
Eye Color: _____ Hair Color: _____
Street No. Street or PO Box

Place of Birth: _____
City, State and Zip Code

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

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Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____
Name of Operator Date

Transmitting Agency ATI No. Amount Collected/Billed