



Family Team Volunteer Application

ADULT's PERSONAL INFORMATION

Full Name _____ Email Address _____
Street Address _____ Apartment # _____
City _____ State _____ Zip Code _____
Home Phone _____
Occupation/Title _____ Full-time Part-time Retired Other _____
Work Number _____ Work Email _____
Is It OK to call you at work? Yes / No

YOUTH's PERSONAL INFORMATION

Full Name _____ Birth date _____ Age _____
Street Address _____ Apartment # _____
City _____ State _____ Zip Code _____
Home Phone _____ Relationship to above listed adult _____
School _____ Current Grade _____

Youth volunteers must be 10-16 years of age to participate in the Family Team Program.

EMERGENCY CONTACT

Name _____ Relationship _____ Phone Number _____ (Other #) _____
Name _____ Relationship _____ Phone Number _____ (Other #) _____

AREA OF INTEREST

Please check area(s) below you are interested in:

- Special Events Zoo Greeters Critter Encounter*
*Must be 14 years of age or older

AVAILABILITY

 Please check the time of day and months you are available to volunteer.

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon

MONTHS AVAILABLE

January February March April May June
 July August September October November December

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VOLUNTEER QUESTIONS (Please attach additional sheet if needed)

1. Why are you interested in volunteering together at Nashville Zoo at Grassmere?

2. Do you have any prior volunteer experience? Yes / No

If yes, please describe organizations and experiences.

4. Are you able to commit to volunteering for a minimum of six months? Yes / No

5. How did you hear about our volunteer program? ___ Zoo webpage ___ Online Volunteer Forum
___ Fair/Program ___ Co-worker ___ Friend ___ Volunteer ___ Staff ___ Other

VOLUNTEER WAIVER AGREEMENT

This Waiver Agreement, made and entered by and between the Nashville Zoo, Inc., 3777 Nolensville Rd., Nashville, TN 37211, herein referred to as the "Nashville Zoo",
AND

_____ Adult's Name (please print)

_____ Youth's Name (please print)

The parties to this Agreement do hereby mutually recognize that the Nashville Zoo does not provide Workman's Compensation or any other type of liability insurance to persons who are not actually employees of the Nashville Zoo. Accordingly, persons such as Volunteers are not covered by the Nashville Zoo for such forms of insurance. Through this Waiver Agreement, the Volunteer does hereby knowingly release and hold harmless the Nashville Zoo, Inc. from any injury, accident, or damage sustained by the Volunteer while serving in such a capacity. I authorize Nashville Zoo to use my name and photograph for education, public relations and marketing purposes related to Nashville Zoo.

I authorize Nashville Zoo and its employees to take all necessary steps to ensure my child's health and safety in case of an emergency. _____ (Initials of parent or guardian)

VOLUNTEER AGREEMENT

A \$25.00 program fee is required **upon placement** (please do not enclose payment at this time) into the Volunteer Program, which will cover materials and training costs and include one shirt.

Volunteers must abide by the code of conduct set out in the employee manual, including the Zoo's volunteer dress code.

I certify that all of the above information is correct. I understand that acceptance as a volunteer is based on a combination of my skills and interests and the needs of the Nashville Zoo. I realize that opportunities may not be available at any given time, but my application will be held on file for one year.

Parent/Legal Guardian Signature _____ Date _____

Youth Signature _____ Date _____

Please return completed application to: Volunteer Programs Manager, Nashville Zoo
3777 Nolensville Road, Nashville, TN 37211

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BACKGROUND CHECK AUTHORIZATION

Required only if 18 years of age or older

I authorize the Nashville Zoo at Grassmere to obtain criminal history, about me from my previous employers, schools and governmental authorities.

I authorize my previous employers, schools that I have attended, and governmental authorities to disclose to the Nashville Zoo at Grassmere such information about me as the Nashville Zoo at Grassmere may request.

Print Name _____
(First) (Middle) (Last) (Maiden)

Current Address _____
(Street) (City) (State/Zip)

Previous Address _____
(Street) (City) (State/Zip)

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____ Gender: Male / Female

Signature: _____ Date: _____