



2023 ADULT VOLUNTEER APPLICATION

1100 Trevilian Way • Louisville, KY 40213 • (502) 238-5350

(Please Print)

- Mr. Miss Mrs. Ms.
- Jr. Sr. Dr. II III IV__

NAME _____ **NICKNAME** _____

Home Address _____

City _____ State _____ Zip _____

Email _____ Phone _____ Birthdate _____

Are You a Zoo Member? (Circle) Yes / No

Driver's License No. _____ State _____ Expiration _____

EMPLOYMENT

Occupation _____ Employer _____

Business Address _____

Skills and Special Interests _____

Education (list any attended):

College _____

High School _____

Other _____

In case of emergency, please notify:

Name _____ Relationship (Parent, Spouse, etc.) _____

Phone (Home) _____ Phone (Work) _____

Have you had experience working with youth in other organizations? (Please describe)

Please list your community affiliations (churches, clubs, other organizations).

How did you hear about the Volunteer Program at the Louisville Zoo?

Why are you interested in Volunteer Service?

Do you have any special needs? If so, please list so we may assist you.

REFERENCES:

Please list those who are familiar with your character as it relates to working with youth or adults. References will be checked.

(#1) Name Address Zip Phone

(#2) Name Address Zip Phone

ADDITIONAL INFORMATION:

- a. Do you use illegal drugs? YES NO
- b. Have you ever been convicted of a criminal offense? YES NO
- c. Have you ever been charged with child neglect or abuse? (If yes, explain below) YES NO
- d. Has your driver’s license ever been suspended? YES NO
- e. Have you ever been cited for a moving traffic violation? (If yes, write the date and disposition of the citation below) YES NO
- f. Other than the above, is there any fact or circumstance involving your background that would call into question your being entrusted with the supervision, guidance and working with young people (If yes, explain below) YES NO

TYPES OF VOLUNTEER OPPORTUNITIES AVAILABLE

(job duties will be explained in detail during interview). Please check one or more areas that interest you.

- Adopt a Garden
- Horticulture
- Animal Area (August–June)
- Special Events
- Animal Health Center
- Greeter (Distributes brochures, greets guests at the front gate) March – September
- Docent (Training required)
- Internships – Upon Request

SCHEDULE

Please check the day you would be available to volunteer (MUST BE AVAILABLE AT 8:00 A.M. Some areas 7:30 a.m.)

- Sunday
- Tuesday
- Thursday
- Saturday
- Monday
- Wednesday
- Friday

I UNDERSTAND THAT:

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- a. The information that I have provided may be verified, if necessary, by contacting persons or organizations in this application, or by contacting any person or organization that may have information concerning me with the exception of sealed records or information retained by juvenile court. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the Louisville Zoo, employees, and volunteer thereof.
 - b. In signing this application, I have read the attached information and apply for registration with the Louisville Zoological Garden. I agree to be guided by the rules and regulations of the Louisville Zoological Garden. I affirm that the information I have given on this form is true and correct.

Signature _____ Date _____

PLEASE NOTE: AN UPDATED TB TEST IS REQUIRED BEFORE VOLUNTEERING IN SOME AREAS. Test is not required for Greeters, Special Events, Horticulture or Adopt a Garden.



Louisville Metro Government
Agreement to Volunteer and Accept Worker's Compensation Benefits

Louisville/Jefferson County Metro Government ("Metro Government") and _____ ("Volunteer") agree as follows regarding volunteering and acceptance of Workers' Compensation coverage:

- 1) Volunteer agrees to perform volunteer services as directed by Metro Government and to follow Metro policies and procedures.
- 2) Metro Government agrees to provide Workers' Compensation coverage to the Volunteer pursuant to the Kentucky Workers' Compensation Act (KRS 342, *et seq.*), for any injuries sustained during any authorized volunteer services performed on behalf of Metro Government. Metro will pay for all medical expenses incurred by Volunteer for covered injuries, with no applicable deductible or co-payments by Volunteer, in exchange for receiving voluntary services.
- 3) Volunteer accepts the coverage of the Workers' Compensation Act as the sole remedy for any damages he/she suffers from any and all services performed for the Louisville/Jefferson County Metro Government and agrees not to seek any damages not covered by the Workers Compensation Act, in exchange for being provided this free coverage.
- 4) Volunteer agrees that Louisville Metro Government has permission to photograph or videotape him/her engaged in volunteer activity for promotional purposes.
- 5) This Agreement shall be valid for twelve months from date of signature.

Louisville/Jefferson County Metro Government Department: Zoo

Supervisor: *M. Jane Say* Date: _____

Volunteer – Signature: _____

Volunteer Name – Print: _____

Address: _____

E-Mail Address: _____

_____ Check here to be notified by email about other volunteer opportunities

Telephone Number: _____

If the Volunteer is under the age of 18 years, his or her parent or guardian must sign below.

Date of Birth: _____ Age of Volunteer: _____

Parent or Guardian Signature: _____

Parent or Guardian Name-Print: _____