

2024 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	
Home Address	
City	State Zip
Email Phon	e 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) N	ame Address Zip			Phone	
(#2) N	ame Address Zip			Phone	
ADDI	TIONAL INFORMATION:				
a.	Do you use illegal drugs?		YES	NO	
b.	p. Have you ever been convicted of a criminal offense?		YES	NO	
С.	c. Have you ever been charged with child neglect or abuse? (If yes, explain below)		YES	NO	
d.	d. Has your driver's license ever been suspended?		YES	NO	
e.	e. Have you ever been cited for a moving traffic violation? (If yes, write the date and dispositon 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 (<i>If yes, explain below</i>)		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
Docent (Training required)	brochures, greets guests at the front gate) March –
Internships – Upon Request	September

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:

- 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 regualtions 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:

- 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.
- 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: 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: