

# Safari's Sanctuary; Volunteer Application [ + ] [ - ]

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About YOU: This sheet will be turned in to Safari's Inc. ---print clearly--- information will be checked.

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ (nickname/go by?) \_\_\_\_\_

Current Address: \_\_\_\_\_

City/ST/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ other phone# \_\_\_\_\_

Email address: \_\_\_\_\_ Myspace/Facebook...: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

{single} {married/significant other: \_\_\_\_\_}

{children? [none] [yes] qty: \_\_\_\_\_

names/ages: \_\_\_\_\_

Pets? [no] yes] what kind? Animal Experience? \_\_\_\_\_

Do you have any other zoo or animal group affiliation? [no] [yes -who?]

State/Drivers license # (if any) \_\_\_\_\_

Social Security # \_\_\_\_\_

Have you ever committed a FELONY? [ yes ] [ no ]

ARE YOU VOLUNTEERING TO PERFORM ANY COMMUNITY SERVICE HOURS? [yes] [no]  
[court ordered] [disciplinary] [school required] [ TCC ] [ Comm Care College] [ 1800Volunteer]

...if yes, please alert Lead Staff, so proper paperwork can be maintained, otherwise NO HOURS will be recorded until then.

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Any trade skills? Plumbing, welding, electrician, medical? \_\_\_\_\_

Family information (in case of emergency):

NAME(1) \_\_\_\_\_ (relation) \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Location: \_\_\_\_\_

NAME(2) \_\_\_\_\_ (relation) \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Location: \_\_\_\_\_

Medical Information:

Primary Care Physician: \_\_\_\_\_ phone# \_\_\_\_\_

Medical Insurance: Provider: \_\_\_\_\_

Medical History: (illnesses, surgery, diseases) All information necessary to know you, know/understand how the animals will sense you. And for us to know to look for any potential problems that may arise.

Allergies? \_\_\_\_\_

Must have a CURRENT tetanus shot: [yes] approx when taken? \_\_\_\_\_ [NO]

If no... then you cannot continue until completed. Alert Lead Staff of this.

Medications currently taking: \_\_\_\_\_

References: personal, business, school, animal/veterinarian

NAME(1) \_\_\_\_\_ phone # \_\_\_\_\_

Relation \_\_\_\_\_ email address: \_\_\_\_\_

NAME (2) \_\_\_\_\_ phone # \_\_\_\_\_

Relation \_\_\_\_\_ email address: \_\_\_\_\_

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What are your goals in coming to Safari's Sanctuary?

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THIS IS A VERY SERIOUS UNDERTAKING. YOU MUST BE WILLING TO LISTEN, OBSERVE, FOCUS, AND FOLLOW ALL RULES. ANY INTENTIONAL ACTS AGAINST THE POLICIES WRITTEN HEREON, COULD PUT YOURSELF OR OTHERS IN HARMS WAY, AND RESULT IN YOUR EXPULSION FROM THE FACILITY.

>>>>>Please sign here \_\_\_\_\_ to acknowledge this.

- Write your availability, and planned schedule for achieving this goal.

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- Inform us of ANY medications you are on, any health issues we need be aware of while you are at Safari's Sanctuary.
- MUST work shadow under other staff until you prove yourself as worthy to work alone.
- Be aware that there are potentially aggressive animals on this property. These animals are secured in a primary enclosure with LOCK, plus a safety barrier with LOCK. These areas are OFF LIMITS to you, unless you have been trained, and/or with Lead Staff Handler. Any violation, will result in immediate suspension/expulsion from Safaris.
- In volunteering, part of your duties WILL include cleaning up of fecal matter (poop).
- If of age, NO alcohol may be consumed 12 hours prior to working the park. Policy standard.
- If of age, NO SMOKING around any animal areas. Safaris animals will not accept second hand smoke. If you must, smoke in parking lot – trash the butts and any beverages appropriately.
- ABSOLUTELY NO illegal substances may be consumed or brought onto Safari's property.
- These Base RULES are for your safety, as well as others working with you, and in the animals best interest.

>>>>>Please sign here \_\_\_\_\_ to acknowledge these BASE RULES.

**LIABILITY WAIVER:** I understand that Safari's Inc. or any of its affiliates, assumes no responsibility for injuries or illnesses which myself, or my family may sustain as a result of a physical condition or resulting from any observation or participation in any tasks or activities or use of facilities or equipment used for Safari's activities. I understand and accept that there are inherent risks when working with, or participating in activities with or near non domesticated, wild, or exotic animals. I expressly acknowledge on the behalf of myself and my heirs, that I assume the risk for any and all injuries and illnesses which may result from my participation in these tasks/activities. I hereby release and discharge Safari's, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which I or my family may suffer as a result of my participation in these tasks or activities.

**PROPERTY LOSS:** I understand that Safari's is not responsible for personal property lost, damaged, or stolen while on Safari's property or while participating in Safari's programs.

**PHOTOGRAPH PERMISSION:** I give my permission for Safaris to use, without limitation or obligation, photographs, footage, or tape recordings which may include me/my child's image or voice for purpose of promoting or interpreting Safaris programs.

**INSURANCE:** I understand that it is my responsibility to provide for my own (and members of my family, if applicable) accident and health coverage while participating in all Safaris tasks or activities. Safari's Inc. does not provide any accident or health insurance for its volunteers.

**MEDICAL RELEASE:** My permission is granted to Safari's to provide or obtain medical attention for me or any members of my family, in the event of sickness or injury. I realize and understand that myself or legal guardian, and or family insurance policy will be the primary insurance for my accident or medical claim. Should I, or any member of my family require special medical treatment, prescriptions, or hospital care, I am responsible for all expenses.

**ACCEPTANCE:** This waiver and release is given for myself and on behalf of the minor members of my family listed. I acknowledge the conditions to be a Safari's volunteer as stated above. If any portions of this waiver are to be held invalid. I agree that the remaining terms shall continue to be in full legal force and effect. I have read, or have had read to me, and voluntarily sign this waiver and release from liability.

Volunteer Signature: \_\_\_\_\_

Parents or Legal Guardian Signature (if volunteer a minor, under 18): PRINT NAME then *Signature*

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