



## **General Information:**

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

List any prior animal experience: \_\_\_\_\_

Do you have any special experience, training, licenses or certifications? \_\_\_\_\_

Why are you interested in volunteering at Columbian Park Zoo? \_\_\_\_\_

Are you uncomfortable around any animals? \_\_\_\_\_

How did you find out about volunteer opportunities at Columbian Park Zoo? \_\_\_\_\_

## **Availability:**

Please indicated the time and days you are available by placing a (X) in the respective box (Remember that promptness and reliability are VERY important)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00-11:00am							
1:00-4:00pm							

**\*\*Please note that time availability is subject to the discretion of the staff. You will be scheduled for one shift per week, depending on your availability and the needs of the zoo staff.**

## **Specific Areas of Interest:**

Please indicate the areas you are interested in by placing a (X) in the respective box

<input type="checkbox"/> Animal Care	<input type="checkbox"/> Receptionist
<input type="checkbox"/> Behavioral Enrichments	<input type="checkbox"/> Assist with Education Programs
<input type="checkbox"/> Special Events	<input type="checkbox"/> Marketing/Communications
<input type="checkbox"/> Landscape	<input type="checkbox"/> Butterfly Garden Volunteer

## Conditions:

I agree to advise the Zoo in writing of any physical limitations which could affect or be affected by any volunteer activities I assume. I understand it is my responsibility to provide this information and I release the Zoo from any liability for injuries or illnesses which result from my failure to advise the Zoo in writing of any such limitations.

I agree and understand that as a volunteer, the Zoo is not obligated to provide me any payment or benefit for my services. I also agree to release the Lafayette City Board of Parks and Recreation, its employees and agents (collectively "the Zoo") from any liability in the event I am injured or suffer damage as a result of my volunteer activities at the Zoo. I agree not to pursue any claim or initiate any action against the Zoo in the event I am injured or suffer damage as a result of the negligence of the Zoo. I understand and agree that this is an express assumption of risk and this release and waiver is made on my own behalf and on behalf of my heirs, executors, representatives and assigns.

I understand that the Zoo may require alcohol, drug and substance abuse screening, and I consent to such an examination and authorize the release of the results of such an examination to the Zoo.

I hereby authorize a law enforcement background check and investigation of all statements in this application and request any company, institution, or persons, including police agencies, contacted as part of this investigation to provide any and all pertinent information. To assure their cooperation, I hereby release them from all liability for any damage that may result from furnishing same to the Zoo.

All information provided herein is true, correct and complete.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**Please drop-off/send completed Volunteer Application to:  
Columbian Park Zoo, Attn. Volunteer Coordinator  
1915 Scott Street  
Lafayette, IN 47904**

Upon receipt and review of your application, a zoo representative will contact you to come to the zoo to complete a criminal background check form. Once completed, you may be eligible to attend a brief orientation dependent upon the results of the criminal background check. If invited to participate, orientation will last approximately 2 hours and will provide you with an overview of zoo operations, expectations and opportunities. After completing your orientation, you will be ready to begin as a volunteer.

**For questions, please contact Jennifer Spence, Volunteer Coordinator, at 765-807-1558 or [jspence@lafayette.in.gov](mailto:jspence@lafayette.in.gov)**