

SAFARI CREW

WILDLIFE SAFARI VOLUNTEER GROUP

OVERVIEW

The Safari Crew is a division of the Wildlife Safari volunteer group. The volunteers are individuals with developmental and/or mental disabilities accompanied with a support worker.

VOLUNTEER OPPORTUNITIES

Each new volunteer gets a chance to learn about different volunteer opportunities and what would fit with their skill set and interest. Opportunities can include assisting the gift shop with tagging inventory, cleaning parts of the restaurant, or help maintaining the Children's Zoo.

REQUIREMENTS

Volunteers must do a skin shot to test for tuberculosis, Wildlife Safari pays for the test. A background check is required for the support worker.

Volunteer shall not discriminate against any employee, volunteer, guest, or vendor because of race, color, religion, sex, sexual orientation, gender identity, national origin, or any other class status protected under federal, state or local law. Report to your supervisor and/or Human Resource Department any prohibited conduct that volunteer observe or experience.

BENEFITS

- Free drive thru passes for the volunteer and their family
- Free membership after 30 days
- Free birthday party, once per year. Contact Guest Services to book.
- 40% off in restaurant and gift shop
- Free train rides
- Free animal encounters. One exclusive encounter per month with Village Department or Education Department
 - Shell (sulcate tortoise)
 - Horse Walk
 - Private Aviary
 - Red Panda Encounter
 - Maned Wolf Encounter
 - Cavies
 - Education Meet & Greet

WILDLIFE SAFARI SAFARI CREW APPLICATION



**THANK YOU FOR YOUR INTEREST IN BECOMING A
WILDLIFE SAFARI VOLUNTEER. PLEASE COMPLETE
THIS FORM AND RETURN IT TO GUEST SERVICES**

NAME AND CONTACT INFORMATION:

First Name: _____ Support Worker: _____

Last Name: _____ Phone: _____

Street: _____

City: _____

State/Zip: _____

Phone: _____

Email address: _____

AVAILABILITY

| | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Morning (9am to 1pm) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Afternoon (1pm to 5pm) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Number of hours per day you would prefer to volunteer: _____

Number of days per week you would like to volunteer: _____

Number of weeks per month you would like to volunteer: _____

Any comments regarding your availability:

WILDLIFE SAFARI
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In order to serve as a volunteer at Wildlife Safari, I hereby release, waive, discharge and covenant not to sue Wildlife Safari, its officers, servants, agents and employees (hereinafter referred to as "releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the releasees, or otherwise, or while in, on or upon the premises of Wildlife Safari.

2. I am fully aware of risks and hazards connected with being on the premises, and I am fully aware that there may be risks and hazards unknown to me connected with being on the premises of Wildlife Safari, and I hereby elect to voluntarily work at Wildlife Safari, to enter upon the above named premises and engage in activities knowing that conditions may be hazardous, or may become hazardous or dangerous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of my volunteering, whether caused by the negligence of releasees or otherwise.

3. I further hereby agree to indemnify and save and hold harmless the releasees and each of them, from any loss, liability, damage or costs they may incur due to my volunteerism at Wildlife Safari, whether caused by the negligence of any or all of the releasees, or otherwise.

4. It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named releasees.

In signing this release, I acknowledge and represent that:

- A. I have read the foregoing release, understand it, and sign it voluntarily as my own free act and deed;
- B. No oral representation, statements or inducements, apart from the foregoing written agreement, have been made;
- C. I am at least eighteen (18) years of age and fully competent; and

In witness whereof, I have hereunto set my hand and seal this date: _____

Participant Signature: _____

Name Printed: _____

Support Worker Signature: _____

Support Worker Printed: _____

Wildlife Safari
Permission to Procure an Investigation Report

Please type or print legibly name as it appears on your driver's license.

LAST FIRST FULL MIDDLE _____

STREET ADDRESS _____

CITY STATE ZIPCODE _____, _____

Please list other names used and dates of name change in the last ten years:

FULL NAME DATE _____ - _____

FULL NAME DATE _____ - _____

DOB: ____/____/____ SSN: _____ - _____ - _____

DRIVER.S LICENSE NUMBER _____ STATE _____

Have you ever been convicted of a crime? ____ No ____ Yes If yes, please provide details of all convictions and locations of all convictions. (A yes answer will not necessarily disqualify you from employment.)

RESIDENCES: Please list residences in the last 10 years

State ____ City _____ County _____ Years: ____ to ____

State ____ City _____ County _____ Years: ____ to ____

INVESTIGATIVE CONSUMER REPORT AUTHORIZATION

In connection with my application I understand that an investigative consumer report may be requested that includes information regarding my court records both civil and criminal, my driving records, educational and professional credentials, and personal and professional references. This may come from either public or private sources and may contain information regarding my character, experience, work habits, and reasons for termination from past employers. I understand that this document shall be kept on file and may be used at any time during my employment to procure an investigative report. I hereby release and discharge to the extent permitted by law, Wildlife Safari, its employees, any individual or agency obtaining information for Wildlife Safari, my personal and professional references, and my former employers, from any and all claims known or unknown, damages, losses, liabilities, cost, or other expenses arising from the retrieving, reporting, and/or disclosure of information in connection with this background investigation. I also understand that I may (1) request in writing the nature of the information obtained, and (2) request a written summary of my rights under the Fair Credit Reporting Act. I hereby agree that a photographic copy or a telephonic facsimile of this document shall be valid for all purposes present and future. I have read, understand and agree with the above.

Signed Date _____ - _____

Witnessed Date _____ - _____

Emergency Information Form

| | |
|-------------------------------------|--|
| <i>Personal Information</i> | |
| First name | |
| Middle name | |
| Last name | |
| Nickname | |
| Gender | |
| Home phone | |
| Cellular phone | |
| Birthday (MM/DD/YYYY) | |
| Home address | |
| | |
| City | |
| State | |
| Zip Code | |
| | |
| <i>Medical Information</i> | |
| Doctor's name | |
| Address | |
| | |
| Phone number | |
| Blood type | |
| Medical conditions | |
| Allergies | |
| Current medications | |
| | |
| <i>Emergency Information</i> | |
| #1 Contact name | |
| Relationship | |
| Phone number | |
| | |
| #2 Contact name | |
| Relationship | |
| Phone number | |

I authorize Wildlife Safari to use this form to give to medical emergency personal in the event I am unable to provide this information.

Signature

Date