

Volunteer Release

Legal Name: _____ Date of Birth: ____/____/____
Address: _____
Telephone: _____ Email: _____
Emergency contact: _____ Phone: _____
Allergies, Medical conditions or limitations: _____

I, _____, have received, read, and agree with the Volunteer Job description. I understand that this position is voluntary and not paid. I understand that Zany Zoo Pets, LLC will provide forms or letters needed when volunteering is done for school/work credit.

I understand that as a volunteer, I will be handling live animals and that all animals are capable of biting, scratching, or otherwise causing injury. I understand that there are animals present that can be considered "dangerous" and that all precautions are taken to keep our petting zoo a safe and fun place. _____ (Volunteer Initials)

I agree that Zany Zoo Pets, LLC is not responsible and will not be held liable for any injuries, losses, or medical expenses incurred while volunteer is actively volunteering at or with Zany Zoo Pets, LLC, on or off premises, during any transport, or if they leave the premises without notice or with an unauthorized person. _____ (Volunteer Initials)

I am available to participate in the all of Zany Zoo's activities	Yes	No
I am available to attend petting zoo presentations off premises	Yes	No

Restrictions: _____

DAYS AVAILABLE FOR VOLUNTEERING AT PETTING ZOO

SATURDAY SUNDAY BOTH

WHEN ARE YOU AVAILABLE TO COME IN IF CALLED

SAME DAY NOTICE WITH NOTICE

TRANSPORTATION TO OFF SITE PRESENTATIONS

HAVE OWN TRANSPORTATION NEED TRANSPORTATION

Volunteer signature

date

~PLEASE SIGN BOTH SIDES OF THIS FORM~

Zany Zoo Pets, LLC

1055 Bailey Hill Rd #1015, Eugene, OR 97402

(541) 345-3430

PETTING ZOO VOLUNTEER POLICIES AND PROCEDURES

I, _____, have received, read, and understood the Zoo Volunteer Policies and Procedures manual for Zany Zoo Pets, LLC. I agree to abide by the codes and conduct for behavior laid out in the manual. The manual may be updated by management at any time and volunteer and parent/guardian will be notified of changes. I understand that if I choose to not abide by the Volunteer Manual, my ability to volunteer at Zany Zoo Pets, LLC could be terminated.

Volunteer Printed Name

Volunteer Signature

Date

For Store Use Only

App Received: ___/___/___	Interview Conducted: ___/___/___	Init: _____
Level: I ___/___/___	Completed: ___/___/___	Init: _____
II ___/___/___	Completed: ___/___/___	Init: _____
III ___/___/___		
Notes:		

Termination: ___/___/___ Reason: _____		

