



# SANTA BARBARA ZOO YOUTH VOLUNTEER APPLICATION

Santa Barbara Zoo • 500 Niños Drive, Santa Barbara, CA 93103 • (805) 962-5339 • www.sbzoo.org

9/28/2005

## Personal Information

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Date: \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_ School: \_\_\_\_\_

Age:  13 - 15     16 - 17     18+    Grade in School: \_\_\_\_\_

## Area(s) of Interest (Check all that Apply)

What skills or interests would you particularly like to use as a volunteer?

\_\_\_\_\_  
\_\_\_\_\_

### Youth Opportunities

Counselor-in-training (CIT)

Theater Gone Wild actor/crew member

Other: \_\_\_\_\_

## Availability

Please indicate the days & times you are typically available to volunteer:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening*							

\*Special events only

## References

Please list two references:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Parent/Guardian Agreement:**

*I understand the conditions under which my child will be volunteering, and I agree to support my child's application for participation in this program. If accepted, I will see that he/she attends each training session; attends all scheduled work days; and adheres to the program policies and procedures. In case of emergency, when a parent or guardian cannot be reached, I hereby give my permission to the Santa Barbara Zoological Gardens to secure treatment for my child. I also authorize the Santa Barbara Zoological Gardens to use my child's name and photograph as a participant in Zoo programs for publicity/educational purposes related to the Zoo. I understand that no compensation will be provided.*

Name of Parent or Guardian: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Youth Volunteer Agreement:**

*By completing and submitting this form, I acknowledge that I am personally offering my services as a volunteer to the Santa Barbara Zoo solely for civic, charitable or humanitarian reasons, without promise, expectation, or receipt of compensation or benefits.*

*I understand that my work assignments may bring me in contact with a live animal, and that I may be exposed to potential hazards and risk of personal injury and property damage or loss arising from my participation as a volunteer, intern or practicum student with the Zoo. I hereby release the Santa Barbara Zoo, its officers, employees, and agents from liability for any and all claims, actions, obligations, costs, losses, or demands of any kind arising out of participation in this program.*

*I also authorize the Santa Barbara Zoological Gardens to use my name and photograph as a participant in Zoo programs for publicity/educational purposes related to the Zoo. I understand that no compensation will be provided.*

*I hereby certify that all statements made in my application are true and complete, and I understand that any misstatement of material facts will subject me to disqualification or dismissal.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return to our Volunteer Coordinator by mailing/dropping off at the Zoo:**

**500 Ninos Drive, Santa Barbara, CA 93103 or fax to: 805-560-9889**

**Applications can also be completed on-line at [www.sbzoo.org](http://www.sbzoo.org) under "You and the Zoo"**

**Office Use Only:**

\_\_\_ Orientation \_\_\_\_\_

\_\_\_ Name Tag \_\_\_\_\_

\_\_\_ Interview \_\_\_\_\_

\_\_\_ Uniform [If applicable] \_\_\_\_\_

\_\_\_ Training \_\_\_\_\_

\_\_\_ Volunteer PIN \_\_\_\_\_

\_\_\_ Placement \_\_\_\_\_

\_\_\_ Start Date \_\_\_\_\_

\_\_\_ End Date \_\_\_\_\_