

LOUISIANA PURCHASE GARDENS & ZOO VOLUNTEER INFORMATION SHEET

Today's Date: _____ LPZS Membership Expiration Date: _____
 Name: _____ Are you at least 18yrs old? Yes _____ No _____
 Parent or Guardian name: _____ Home phone (_____) _____
 Address _____ Work phone (_____) _____
 State _____ City: _____ Zip code _____ Cell phone (_____) _____
 Email _____ I prefer to be contacted at (Home) _____ or (Work) _____
 Emergency contact name: _____ Relationship _____ Phone _____
 Occupation: _____ Education Level _____

Hobbies & Interests _____
 Other volunteer activities _____

List any experiences that you have had with the public, children, animals, gardening and etc

Why do you want to become a zoo volunteer? _____

List the animals that you are not willing to work with _____

List any jobs that you are not willing to perform: _____

What special talents, skills, or abilities do you wish to utilize at the zoo? _____

How did you hear about this volunteer program? _____

How often will you volunteer (circle one) Occasionally, Monthly, and or Weekly

Availability: Place a check by the shift that you would be available to volunteer (check all that apply)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
___ Morning						
___ Evening						

Check the area you would like to volunteer in: Birds _____ Reptiles _____ Large Mammals _____ Small Mammals _____

We offer other areas of volunteerism that are weekend assignments

Special events, _____ Greeter _____ Grounds _____ Ed. Assistant _____ Petting Zoo _____ Boat dock watcher _____

These assignments require a minimum of 20 hours per month for at least 4 months a year

Docent Interpretations _____ Birds _____ Reptiles _____ Hoof-stock _____ Carnivores _____ Kitchen _____

In consideration of the benefits of being allowed to volunteer at the Louisiana Purchase Gardens and Zoo, I hereby agree to assume full responsibility for any and all risk for myself and/or children's own and do further hereby agree with indemnify, hold harmless, and defend the City of Monroe, Zoo director and all of their officers, employees, agents, acting officials or otherwise, from any and all liability claimed on account of, or in any manner predicated on loss or damage to the property of an injuries to, or death of, any persons whatsoever, which may results from me or my children participating in activities at the zoo, and do further hereby waive forever any claims, demands, actions I or my children may have arising therefrom. Also, if applicable, I understand that my child(ren) 14 to 18 years old will be participating the zoo's explorer program.

Signature _____ **Date** _____
 (Parent Signature if under 18)