



Volunteer Member Application

OUT OF AFRICA WILDLIFE PARK
4020 N. CHERRY D.
CAMP VERDE, AZ 86322
(928) 567-2842

PLEASE PRINT CLEARLY | COMPLETE ALL ITEMS

Please check the volunteer program you are interested in. For a description of each program, visit our website at www.outofafricapark.com/volunteer

- Regular Volunteer Program
- Keeper Aide Volunteer Program
- One-time Special Event Volunteer Program*
- Group Volunteer Program
- Intern Program
- Horticulture Volunteer Program
- Education Volunteer Program

Volunteers must be 18 years of age (16 years of age for the One-time Special Event Volunteer Program) or older. The fee for participation is \$45.00, which helps us to offset the cost of your background check, processing your application, t-shirt, and training and company policy materials.

Date Submitted: _____ Home Phone: _____

Name: _____ Cell Phone: _____
Last First Middle

Hm Address: _____
Street City State Zip

E-mail Address: _____

T-shirt Size: (Circle One) SM Med LG X-LG XX-LG

How did you hear about the Volunteer Program? _____

Background Information - This is required to conduct background check on all volunteer applicants

Date of Birth: _____ SS#: _____
Month Day Year

Highest Education Level: _____

High School: _____ College: _____

Have you ever been convicted of a crime? If yes, list all convictions showing dates: _____

Availability - Please indicate the days and times you are usually available to volunteer

Circle days available: Mon Tues Weds Thur Fri Sat Sun

Time of day available: _____ Hrs per day: _____
Example: Mornings, Afternoons, etc.

Period of availability: _____
Start date Finish date Ongoing

Exceptions / Restrictions: _____

Previous Experience - List at least two previous volunteer or work experiences

Name	Supervisor / Contact Info	Location	Duties
Name	Supervisor / Contact Info	Location	Duties
Name	Supervisor / Contact Info	Location	Duties

Essay Question

Why would you like to be a part of the Volunteer Program at Out of Africa Wildlife Park?

--- Use back of page if extra space is needed ---

References - Please provide two references whom we may contact

Name: _____ Phone: _____

Name: _____ Phone: _____

Emergency Contact Information - In the event of an emergency whom should we notify

Name: _____ Home Phone: _____
Last First Middle

Relationship: _____ Work Phone: _____

Address: _____
Street City State Zip

Date of last Tetanus Shot: _____

Allergies (Insect, Medication, Etc) _____

Pets at Home (Please List): _____

Agreement - Read carefully before signing

I understand that the information on my volunteer application is subject to check and verification by Out of Africa Wildlife Park, and that my previous and present employers, organizations, and volunteer associations may be asked for information as to my character and record with them.

I hereby grant permission to Out of Africa Wildlife Park to contact these employers, organizations, and volunteer associations, and further, I hereby authorize my former and / or present employers, organizations, and volunteer associations to give any information as to my character and employment record with them.

I also grant permission to Out of Africa Wildlife Park to obtain information from and / or copy police and court records in order to conduct a pre-volunteer investigation on me.

I hereby release from all liability and damages those individuals, companies, organizations, or agencies who provide information as stated above.

Should I become a volunteer, I agree to comply with all rules and regulations of Out of Africa Wildlife Park. I understand that I am applying for a voluntary position to help Out of Africa Wildlife Park in a non-paid position. I realize that there are many hazards at Out of Africa Wildlife Park that deal with animals, diseases, and other dangerous and unpredictable injuries. I am aware of my own health and physical limitation, which might not be obvious to my supervisor. I realize that it is my responsibility to decline any work that is beyond my capability (physical or mental), so that my safety and health is maintained.

I agree to release and hold harmless Out of Africa Wildlife Park from any accident, injury, illness or damage sustained as Volunteer, while serving in such a capacity. I waive my rights to seek any form of damages and instruct my heirs and beneficiaries to honor this agreement.

The parties to this Agreement do hereby mutually recognize that Out of Africa Wildlife Park does not provide Workman’s Compensation or any other type of liability insurance to persons who are not actually employees of Out of Africa Wildlife Park. Accordingly, persons such as Volunteers are not covered by Out of Africa Wildlife Park for such forms of insurance.

If placed in an Animal Care Department, the volunteer will also be responsible for paying for a TB test at a doctor or facility of his/her choice. For the welfare of the employees and animals, Out of Africa Wildlife Park requires all volunteers working in Animal Care departments to receive a TB test, and have it read negative, in order to volunteer at the Park in such capacity. If proof of negative TB test is available, current within the last 12 months, please submit proof with application. The volunteer must be current on their Tetanus vaccination; proof must be provided once the applicant is accepted into the Volunteer Membership Program in an Animal Care Department. All vaccinations are at the volunteer’s expense.

I certify that the information given by me in this volunteer application is true and complete. Furthermore, I certify that I have read and understand the above.

Signed by : _____ Date: _____

Print Name: _____