



# GREATER LOS ANGELES ZOO ASSOCIATION

## Community Service/Service-Learning Volunteer Data Sheet

*Please print clearly – be sure appropriate signatures are obtained.*

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

Student's Name	Home Phone (    )
Address	Cell/Pager (    )
City, Zip	E-mail Address
Are you at least 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No (parent/guardian must complete back of this form)	

### ***SCHOOL INFORMATION***

Name of School	
Address	
Grade Level	Title of Class or Club Requiring Service
Number of Service Hours Required	When must your hours be completed by?

### ***PROJECT DESCRIPTION***

Briefly describe what job duties are required by your program?

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What do you hope to gain from your experience here at the Greater Los Angeles Zoo Association?

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Have ever been involved with the GLAZA or the L.A. Zoo and Botanical Gardens? Yes                      No

If so, what did you do and when? \_\_\_\_\_

Who referred you to the Los Angeles Zoo?

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Friend             | <input type="checkbox"/> Web site     |
| <input type="checkbox"/> Teacher/Instructor | <input type="checkbox"/> Other: _____ |

### ***EMERGENCY INFORMATION***

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Home Phone: (    ) _____	Home Phone: (    ) _____
Bus. Phone: (    ) _____	Bus. Phone: (    ) _____

MEDICAL CONCERNS: \_\_\_\_\_

ALLERGIC REACTIONS: \_\_\_\_\_

**Minimum Age Requirements:** Volunteers must be at least 13 years of age to participate in the program. A parent or guardian must accompany and constantly supervise volunteer if under the age of 16.

**Reporting for Duty:** In order to ensure that all of the Zoo's events are successful, we expect all volunteers to arrive on time and stay until their shift is completed. If you are unable to make your scheduled shift you are expected to notify the volunteer office within 24 hours so that we can make other arrangements.

### *ACKNOWLEDGMENT*

The information in this application is true and complete, and I have not knowingly withheld any information. I understand that misrepresentation may be cause for dismissal. I authorize verification of all information contained in this application. I understand that as a volunteer at GLAZA, I will be expected to demonstrate a commitment to uphold the mission of the organization, to maintain an environment of integrity for people and for animals, and to focus on customer service, with respect for all employees, volunteers, and guests.

As a volunteer at GLAZA, I agree to follow all GLAZA guidelines and policies. In addition, I give consent to GLAZA to emergency medical attention in the event that I am not able to give consent, nor my emergency contacts are available.

I am aware that GLAZA has the right to release me from service at any time, just as I have the right to withdraw from volunteer service at any time.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent of Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(if applicant is under 18)

### *AUTHORIZATION FOR A MINOR TO PARTICIPATE*

#### Parent Information

Parent/Guardian Name	Home Phone (    )
Address (if different)	Work Phone (    )

Parent/Guardian Name	Home Phone (    )
Address (if different)	Work Phone (    )

**PARENT'S PORTION** (for applicants under 18 years of age)

I have read and understand this application and I give my child permission to be a volunteer at GLAZA. I accept full responsibility for my child's participation in this program. I give consent to GLAZA to emergency medical attention in the event I cannot be reached. I also consent to allow GLAZA to conduct a background screening.

Signature of Parent of Guardian \_\_\_\_\_ Date \_\_\_\_\_