

**GENERAL VOLUNTEER INFORMATION**

Name: \_\_\_\_\_  
Last First Name Written on Nametag

Address: \_\_\_\_\_  
Mailing Address City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Applicant Email Address: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_ T-Shirt Size: Adult S Adult M Adult L Adult XL

Foreign Languages: Spanish (circle all that apply) Speak Read Write  
Other \_\_\_\_\_ (circle all that apply) Speak Read Write

Have you ever volunteered for a City of San José program or event before? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, who was your supervisor? \_\_\_\_\_

Have you ever been convicted and /or placed on probation from any criminal offenses? Yes \_\_\_\_\_ No \_\_\_\_\_  
*Note: A conviction will not necessarily disqualify an individual from volunteering.*

If so provide dates and detailed information below (including minor offenses):  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**Please list two contacts that may be reached in case of emergency.**

**Emergency Contact 1**

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

Cell Phone: \_\_\_\_\_ Work or Home Phone: \_\_\_\_\_

**Emergency Contact 2**

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

Cell Phone: \_\_\_\_\_ Work or Home Phone: \_\_\_\_\_

**MEDICAL INFORMATION**

Please note any physical restrictions or allergies that should be considered in assigning volunteer projects:

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

*\*\* Please note that those with severe food allergies such as peanut or tree nuts may be at risk of exposure while working at the zoo as various nuts are crucial components to many animal diets. \*\**

**PAST EXPERIENCE**

Please describe your previous volunteer and/or work experience that may be relevant to this position, including but not limited to working with animals, children, public speaking, or customer relations (you may refer to your cover letter for this information):

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**GENERAL AVAILABILITY**

Docents have flexible schedules in which they sign up for shifts in advanced based on an activities calendar. Tuesday-Friday provide the most opportunities for the Docent Program. Although Docents are not required to commit to a concrete schedule (i.e. every Tuesday from 10:00am-1:00pm), they are expected to attend any and all shifts they sign up for and last minute cancellations are not permitted.

Please indicate the general days and times you are available for volunteer shifts.

	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>Hours</b>							

Additional Scheduling Notes:

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# Volunteer Agreement and Release

## CONDITIONS

The Program is under no obligation to accept all interested volunteers.

Any or all of the following could be required by the City before placement of a volunteer in certain volunteer positions:

- ◆ Fingerprinting
- ◆ Background Investigation
- ◆ Negative TB test results (maximum period of 2 years preceding start of service)

State law requires that all persons having supervisory or disciplinary authority over minors in the City's recreational programs, be fingerprinted and undergo a state background check. The City may by policy, require background checks that exceed state requirements including federal criminal background checks.

I, \_\_\_\_\_, agree to volunteer my services to the CITY OF SAN JOSE ("City") and to comply with the City's volunteer code of conduct (a copy of which has been provided to me).

**I understand that during the course and scope of my (or my child's) volunteer services to the City, I (or my child) will be covered under the City's Workers' Compensation self-insurance. I also understand and agree that my sole remedy for any injury that I (or my child) may sustain during the course and scope of my (or my child's) volunteer services to the City, which is covered by Workers' Compensation, shall be through the City's Workers' Compensation self-insurance coverage. I waive any other right or remedy that I (or my child) may have against the City of San Jose, its employees, officer, and agents (collectively referred to as "City") available to me for an injury as described above (including an injury arising out of the City's negligence). Further, I release the City from all other liability arising from my (or my child's) volunteer service or activities as provided hereunder..**

I understand that the City of San Jose may photograph or videotape the volunteer events or activity in which I am (or my child is) participating. I give my permission for the City to use photographs or videotape of me (or my child) for the purpose of promoting the City of San Jose and its services/programs. I give my permission with the following understanding: **No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness.**

I acknowledge that there is no salary or other compensation, or prizes of any kind to be provided by the City for my services as a volunteer. Rewards or prizes for volunteer service to the City may be offered by other persons; however, the City is not responsible for the payment of any such reward or prize to me. I also acknowledge and agree that my (or my child's) services are provided for the convenience of the City and may be terminated for any reason or for no reason and at any time by the City without prior notice or hearing. I, the undersigned, certify that the information stated on this agreement and release is true, complete and correct to the best of my knowledge and belief and is made in good faith. Any false statements made by me may be used as a basis of rejection for this application or termination of volunteer services.

This agreement shall remain in effect until terminated in writing by either party. Additional information may be provided on the attachments.

**Volunteer's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**If volunteer is under 18 year of age:**

**Parent's/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

City's Acceptance of Volunteer: \_\_\_\_\_

TB test results: \_\_\_\_\_ Verified by: Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_