



# Idaho Falls Zoo at Tautphaus Park Adult Volunteer Application

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

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

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_ Birth Date: (Must be at least 18yrs) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Emergency Contact Information:**

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

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

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

**Volunteer activities that you are interested in helping with: *(Please circle all that apply)***

- |                  |           |                              |                           |
|------------------|-----------|------------------------------|---------------------------|
| Education        | Tours     | Zoomobiles/Outreach Programs | Animal Care               |
| Special Events   | Cleaning  | Graphic design/Website       | Grounds keeping/Gardening |
| Visitor Services | Marketing |                              |                           |

**Days/Times I am available to volunteer: *(Please circle all that apply)***

1. AM                  PM
2. Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday
3. I can be available any day, depending on my schedule.
4. Other (Please Specify) \_\_\_\_\_

**Are you currently employed? *(Please circle all that apply)***

- Yes                  No                  part time                  full time                  retired

**How did you find out about the volunteer opportunities at the IFZ? *(Please circle all that apply)***

- Newspaper    Radio    Poster    Visit    Staff/Volunteer    From a friend    Other  
Website    Social Media    Library

Education, professional or personal background you wish to share with us: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Skills/Experience: *(Please circle all that apply)***

- |                   |                   |                 |              |
|-------------------|-------------------|-----------------|--------------|
| spreadsheets      | conservation      | teaching        | graphic arts |
| word processing   | accounting        | library         | photography  |
| animal experience | foreign languages | carpentry       | painting     |
| gardening         | cleaning          | special events  | office work  |
| public relations  | website design    | public speaking |              |
- other: \_\_\_\_\_

Volunteer Experience: Please list current and past organizations to which you have belonged and any positions within the organization that you have held. \_\_\_\_\_

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Have you ever cared for animals? Which species? Explain. \_\_\_\_\_

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Why do you want to volunteer and what do you hope to gain from this experience? \_\_\_\_\_

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### **Medical Information:**

Are you immune-compromised (i.e., chemotherapy, immune system disease, etc.)? Yes No

Do you have any allergies? (*If yes, explain below.*) Yes No

Do you have any chronic viral infections, such as cold sores or hepatitis? Yes No

Do you have any chronic respiratory problems? (*If yes, explain below.*) Yes No

Please list any physical or medical limitations not mentioned above that would prevent you from performing any volunteer duties (i.e. seizures, back trouble, etc.) **In order to work with primates, you must have a current (within the last 2 years) negative TB test. We recommend a current tetanus shot (within the last 5 years). Proof of these can be supplied after you are accepted into the program:** \_\_\_\_\_

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**CITY OF IDAHO FALLS, IDAHO**  
**VOLUNTEER RELEASE OF LIABILITY**

**ADULT VOLUNTEER (18 & OVER)**

I, \_\_\_\_\_, in consideration of the opportunity and permission to volunteer with the City of Idaho Falls, Idaho, to perform the assigned service and the beneficial experience to be gained, do hereby fully and completely release the City of Idaho Falls, Idaho, its officials and employees from any and all claims, demands, and liability of every nature and description whatsoever and howsoever arising by reason of my being allowed to volunteer with the City. I acknowledge that the volunteer work I am performing may be physical in nature.

I acknowledge that any photograph or videotape taken of me participating in this activity may be used for outreach, education or documentation purposes, without compensation, by the City of Idaho Falls, Idaho.

By my signature below, I verify that I am 18 years of age or older. I also understand the rights, responsibilities, and privileges of participation in the volunteer program and agree to hold harmless, release and indemnify the City of Idaho Falls, Idaho, its officials and employees from all liability resulting from my participation in this program.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

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

## Volunteer Program Agreement

I understand that information obtained through my volunteer status may be considered privileged information of the Idaho Falls Zoo. I agree to keep all such information confidential except to the extent that disclosure of such information is expressly authorized and directed by an official staff member of the Idaho Falls Zoo. In particular, I agree to make no statements or release any information about the Zoo to any news media except as authorized by the Idaho Falls Zoo.

I will abide by the City of Idaho Falls' social media policy by getting approval to post any photos that are not taken in public viewing areas.

I represent that the information given by me in this application is true in all respects. I agree that if I am accepted as a volunteer and the information is found to be false in any respect, I may be dismissed from the organization. I authorize other volunteer organizations to release information pertaining to my work record, work habits and performance while a member of the organization.

I understand that any volunteer handbook or other written material provided to me will not constitute a volunteer contract, but merely a gratuitous statement of the present policies of the City of Idaho Falls and those such policies may be amended or discontinued at any time without notice to me or without my consent.

I understand and agree that that if I am accepted as a volunteer of the Idaho Falls Zoo, my volunteer status will be terminable at will and that either I or the City, may terminate the volunteer status at any time with or without cause and with or without notice.

I acknowledge and authorize the City of Idaho Falls to perform a background check if I am accepted into the Idaho Falls Zoo Volunteer Program. I understand that I will be given an official background check form that must be filled out and approved before I am able to officially volunteer.

All of the information provided in this form is true to the best of my knowledge.

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*(signature)*

*(date)*

Thank you for providing this information and for your interest in volunteering at IFZ.

Please return this form to:

**Curator of Education  
Idaho Falls Zoo  
P. O. Box 50220  
Idaho Falls, Idaho 83405  
(208) 612-8418**

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**\*\*Please complete the City of Idaho Falls background check form on the next page and deliver it to the City of Idaho Falls Human Resources Office or return it to the zoo with your completed application packet \*\***

# DISCLAIMER AND RELEASE AGREEMENT

This release and authorization acknowledges that we may now, or at any time while you are employed, renting, or volunteering, conduct a verification of your motor vehicle records, and receive any criminal history record information pertaining to you that may be in the files of any federal, state, county, or local criminal justice agency and or other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment under employment policies. I hereby certify that the information provided by me for this purpose is true and complete to the best of my knowledge and understand that if I am accepted, **any false statements or omissions will be considered as cause for dismissal/removal.** I do hereby agree to forever release and discharges, employee and any of it's agents to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses or any other complaint filed with an agency arising from the retrieving and reporting information.

## PLEASE COMPLETE THE BELOW - PLEASE PRINT NEATLY -

DEPARTMENT: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ FULL MIDDLE NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

MAIDEN NAME / FORMER MARRIED NAME(S) / ALIAS NAME(S): \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Only for driving positions) (Please Write Clearly & Neatly) (Please Write Clearly & Neatly)

List your addresses for the last 7 (seven) years. Include the dates from/to for each address. Please PRINT clearly.

CURRENT ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO
FORMER ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO
FORMER ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO
FORMER ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO
FORMER ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO

FELONY OR MISDEMEANORS:  YES  NO PLEASE EXPLAIN: 1. \_\_\_\_\_

All arrests, charges, convictions and non-convictions need to be listed here. List location (county) of charge and date of charge. Please do not leave anything out and **print** clearly. It is important you understand this section completely.

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

If Applicant is under 18, signature of parent or legal guardian

Signature of parent or legal guardian: \_\_\_\_\_

\*\*Return completed form to the City of Idaho Falls Human Resources office\*\*  
Fax (208-612-8321) or email (ehorne@idahofallsidaho.gov)