

ALBUQUERQUE BIOLOGICAL PARK
BIOPARK EDUCATION 2008
VOLUNTEER JOB APPLICATION – UNDER 18

Today's Date: _____

Name: _____

Address: _____

Email: _____ Age: _____

Home Phone: _____ Mobile Phone (if applicable): _____

Emergency Contact:

Name	Phone Number	Relationship
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Circle the position(s) in which you are interested.

Horticulture Volunteer
Touchpool

BioPark Nature Guide
Conservation Camp Counselor

When I have completed volunteer training, I will be interested in working:

_____ weekdays _____ weekends _____ either

How did you hear about this job? (Called to inquire, saw notice in newspaper, from a friend, saw the flier, etc.)

What do you hope to gain from volunteering at the BioPark? Knowing your expectations will help us make your experience more rewarding.

The following information will help us learn more about your interests. Please fill it in if you feel it is appropriate, or if you have skills you'd be willing to share.

Hobbies/Special Expertise/Relevant Experience: (writing, drawing, photography, computers, carpentry, etc.) :

Do you speak a language other than English? If so, please list. _____

I agree to fulfill the requirements in the job description and abide by the rules and policies within.

Volunteer signature

Date

Please read and have your parent/guardian sign the next page.

ALBUQUERQUE BIOLOGICAL PARK
BIOPARK EDUCATION 2008
VOLUNTEER CONTRACT/RELEASE – UNDER 18

I am a parent or lawful guardian of _____, a minor, (hereafter child), who will be participating in a Summer Volunteer Program (hereafter Program) at the BioPark's Rio Grande Zoo, Albuquerque Aquarium, Rio Grande Botanic Garden or Tingley Beach (hereafter BioPark) this summer. I hereby acknowledge that I am aware that this Program may involve a higher level of activity at the BioPark for my child than normal BioPark attendance and that my child may be allowed into areas of the BioPark not usually open to the public. I also acknowledge that he/she may have some contact with animals and that although the BioPark will take reasonable precautions for his/her safety, my child may be subject to some additional risks. I understand and agree that my child may participate in the Program in spite of this additional risk to his/her safety. I agree to have my child outfitted and clothed for said Program.

I agree that I have taken such measures as I have deemed advisable to ascertain that my child's physical condition is suitable for the Program. If I cannot be reached in an emergency, I authorize treatment by a physician.

I further confirm that my child is covered by a medical insurance policy and in the event he/she is injured I will either pay for the medical expenses and other damages or make a claim for our insurance company to pay for same. In consideration for the City allowing my child to participate in the Program, which I consider to be of great benefit to my child, I hereby agree to indemnify, release, defend and hold harmless the City for any expenses or liability it incurs or suffers as a result of any injuries suffered by my child while participating in this Program which exceed such medical policy limits, unless injuries are caused by the gross negligence of the City or its employee.

By signing below, I give my permission for my child to participate in this Program. I acknowledge that I have carefully read the foregoing and agree to be bound thereby.

Parent/Guardian Name (Please print)

Parent/Guardian Address

Home Phone # (June 9 – August 2) Work or Mobile Phone (if different)

Signature Date

Mail application, contract/release, and background check* to:

Albuquerque BioPark Education
Cathy Wylie
903 10th Street SW
Albuquerque NM 87102

*Background check form is not available online; it will be mailed to you or distributed at training.