Zoo Volunteer Application Micke Grove Zoo

San Joaquin County Parks & Recreation



| Full Name (please print) | | Date of Birth | Age |
|--|--|--|--|
| Address | (street) | (city) | (zip) |
| Home Phone | Cell Phone | | Email address |
| EMERGENCY CONTACT | Relationship | | Phone number |
| Education completed | | Major/ Special clas | sses |
| Employer (or school/ unive | ersity, if student) | | |
| List special Skills/ Hobbies | | | |
| General Health - Briefly De | scribe Any Physical Limitations | | |
| Have You Ever Been Convic | ted of a Felony Offense? No [] | Yes [] If yes, Explain | n: |
| Zoo Clean up volunteer (ag | ges 18+) [] | Zoo Records volunte | er (ages 18+) [] |
| Conservation Research vol | lunteer (ages 18+) [] | | |
| Day(s) Available | Time Available | AM | PM |
| How Did You Hear About O | ur Volunteer Program? | | |
| all applications and select ca complete a training or serie negative (-) TB test in orde | ndidates to interview if required by s of trainings in order to begin volu | the Volunteer Handbook. A inteer service. Volunteers ou indicate that you unde | rogram. The volunteer committee will review All applicants will be required to attend and are required to provide proof of a current rstand this information and that all of the |
| APPLICANT SIGNATURE | | Date | |
| PARENT SIGNATURE (IF AP | PLICANT IS LINDER 18) | Date | |

Return application to

Avanti Mallapur,

Micke Grove Zoo, 11793 N Micke Grove Rd, Lodi, CA 95240 Ph: (209) 331-2011 · Fax: (209) 331-7271 · <u>amallapur@sjgov.org</u>

San Joaquin County Waiver

| I, _ | , under the direction of the Micke Grove Zoo staff agree to perform services without | |
|-----------------------------------|--|--|
| | npensation. I understand that I will receive orientation and training in my responsibilities as a volunteer. Volunteer urs, specific functions, and location of my assignment may vary depending on need. | |
| | I Further Understand and Agree To the Following: | |
| 1. | To comply with all policies and procedures of the San Joaquin County Department of Parks and Recreation/Micke Grove Zoo in all matters, as outlined in the volunteer orientation and on-the-job training. | |
| 2. | t any actions on my part that are detrimental to the health and safety of the general public, department employees nal collection, or myself could lead to termination of the agreement. | |
| 3. | To consider my volunteer service in the same light as a job. I will be on time for my assignment. I will notify the Zoo staff through the Micke Grove Zoo office. If I must be absent, need to change my assigned hours/days, or wish to terminate my activities as a volunteer. | |
| | d whereas, the undersigned acknowledges that volunteering at Micke Grove Zoo olves possible risk of injury, or disease to said person or their property | |
| Gro faci in t em inju | w therefore in consideration of the County of San Joaquin by and through its Department of Parks and Recreation/Micke ove Zoo co-operating and making available to the undersigned the necessary personnel, use of its equipment and other ilities for the aforesaid purpose, the undersigned expressly agrees to and knowingly hereby does assume all risks arising the course of said activity, specifically, agrees to indemnify and hold harmless the County, its officers, agents, and ployees and/or the Micke Grove Zoological Society from and against any and all claims, loss, damage and liability for any to their person caused by the County, its agents or employees, and hold harmless the County, its officers, agents and ployees and the Micke Grove Zoological Society, from and against any and all claims, loss, damage and liability for injury the person or to their property directly or indirectly caused by working for Micke Grove Zoo. | |
| Vol | unteer Signature Date | |
| PRI | INT NAME | |
| PAI | RENT SIGNATURE (IF APPLICANT IS UNDER 18) Date | |

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Date

Zoo Representative

Required Vaccinations

Volunteers must provide a copy of a TB skin test, showing a negative response, performed within 12 months prior to volunteers start date, and a tetanus vaccination within the past 8 years is recommended.

After the initial TB test, further tests will be required on an annual basis, or whenever a 6-month or greater break in service time is noted. It is recommended that all normally advised vaccinations be current.

If you have current rabies vaccination please let MGZ know.

For your convenience TB tests and vaccinations can be obtained at the following sites:

Lodi Health Clinic - 300 W. Oak Street, Lodi Ph: (209) 331-7303

\$20 Fee for TB testing

Tests given on Monday, Tuesday & Thursday: 8-11 & 1-4

Wednesday 10-1

You must return 2 days later to have results read.

No appointment is needed. Recommended that you get to the clinic close to 8:30am or

1:00 pm to avoid the "crowds".

Stockton Health Clinic - 1601 East Hazelton, Stockton Ph: (209) 468-3830

\$20 Fee for TB testing

Tests given on Monday, Tuesday & Thursday: 8-11 & 1-4

Wednesday 10-1

You must return 2 days later to have the skin test read.

Manteca Health Clinic - 124 Sycamore Ave., (209) 823-7104

Kaiser Permanente - Members only (209) 476-2162

Free tests given for TB testing

Monday through Friday 8:30am -1:00pm & 1:30pm -6:30pm

You must return 48 to 72 hours later to have results read.

TB tests are administered in the Allergy/Injection Clinic 1st Floor, Suite 125

No appointment is needed.

Personal Physician – Check for availability

Proof of negative TB test and Tetanus vaccination will be required before starting

Volunteer work