



**MICKE GROVE ZOO  
VOLUNTEER APPLICATION**

**San Joaquin County Parks & Recreation  
Department of Facilities Management**

\*  
Full Name (please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address (street) \_\_\_\_\_ (city) \_\_\_\_\_ (zip) \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Drivers License Number \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Education Completed \_\_\_\_\_ Major / Special Classes \_\_\_\_\_

Employer / or School If Student \_\_\_\_\_

List Special Skills / Hobbies \_\_\_\_\_

General Health-Briefly Describe Any Physical Limitations-(If Pregnant a Physicians Release Is Required) \_\_\_\_\_

Have You Ever Been Convicted Of A Felony Offense? Yes [ ] No [ ]

If yes, please explain \_\_\_\_\_

Please Describe Your Reasons for Wanting To Volunteer At Micke Grove Zoo \_\_\_\_\_

Day(s) Available \_\_\_\_\_ Time Available \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

How Did You Hear About Our Volunteer Program? \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

PARENT SIGNATURE (if under 18) \_\_\_\_\_

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**MGZ VOLUNTEER OPTIONS**

Keeper Aide Program [ ] Zoo Ambassador Program [ ] Education Program Docents [ ] Lorikeets Attendants [ ]

Special Events Crew [ ] Other [ ]

## San Joaquin County Waiver

I, \_\_\_\_\_, under the direction of the Micke Grove Zoo staff agree to perform services without compensation. I understand that I will receive orientation and training in my responsibilities as a volunteer. Volunteer hours, 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. That any actions on my part that are detrimental to the health and safety of the general public, department employees, animal 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.

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And whereas, the undersigned acknowledges that volunteering at Micke Grove Zoo  
Involves possible risk of injury, or disease to said person or their property

Now therefore in consideration of the County of San Joaquin by and through its Department of Parks and Recreation/Micke Grove Zoo co-operating and making available to the undersigned the necessary personnel, use of its equipment and other facilities for the aforesaid purpose, the undersigned expressly agrees to and knowingly hereby does assume all risks arising in the course of said activity, specifically, agrees to indemnify and hold harmless the County, its officers, agents, and employees and/or the Micke Grove Zoological Society from and against any and all claims, loss, damage and liability for injury to their person caused by the County, its agents or employees, and hold harmless the County, its officers, agents and employees and the Micke Grove Zoological Society, from and against any and all claims, loss, damage and liability for injury to the person or to their property directly or indirectly caused by working for Micke Grove Zoo.

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

Print Name \_\_\_\_\_

Parent Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

MGZ Representative \_\_\_\_\_ Date \_\_\_\_\_

## MICKE GROVE ZOO KEEPER-AIDE VOLUNTEERS 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 Fridays 8:30-11:00am & 1:00-4:00pm

Results read on Mondays 2:00-4:00pm

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 Tuesday 1:00-4:00pm, Wednesday 8:00-11:00am,

Thursday 8:00-11:00am & 1:00-4:00pm

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

Kaiser Permanente – Members only

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

No appointment is needed.

Personal Physician – Check for availability

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