



Authorization to Release Information

This is to inform you that, as part of considering you for volunteering with Rolling Hills Wildlife Adventure, we may obtain all information relevant from all sources of education, employment, motor vehicle, criminal history, and personal character. All information obtained will be in accordance with the Americans with Disabilities Act, labor and wage records etc., or any part thereof.

Rolling Hills Wildlife Adventure complies with the Fair Credit Reporting Act, which provides consumers with rights regarding investigative consumer reports and places specific obligations on employers using consumer reports.

I authorize any duly authorized agent to obtain records, whether the said records are public or private, and including those, which may be deemed to be privileged or confidential in nature, and I release all persons from liability on account of such enclosures.

I authorize, without reservation, any party or agency contacted by a duly authorized agent to furnish the above-mentioned information. Rolling Hills Wildlife Adventure will not request a consumer report without a signed authorization. I have a right to request to the agency, upon proper identification, the nature and substance of all information in my files including sources of information, and the recipients of any of my reports, which the agency has furnished within a two-year period preceding my request.

I have read the above information regarding Rolling Hills Wildlife Adventure requesting a consumer report, and by my signature below, I give my consent to Rolling Hills Wildlife Adventure to obtain an investigative consumer report from a duly authorized agent and/or any of their licensed agents.

I understand and agree that any omission, false or misleading statement, or answer made by me on my application, any supplements, and/or interviews will be sufficient grounds for rejection from the Volunteer Program.

I understand that in order to aid in the proper identification of my file or a record, the following information is necessary:

Print Name _____

Social Security Number _____ - _____ - _____

Driver's License Number _____ State Issued _____

Date of Birth _____, _____, _____
(Month) (Day) (Year)

Current Address _____

City/State/Zip _____

Applicant Signature _____ Date _____

How did you hear about our volunteer program?

___ website ___ brochure ___ radio ___ newspaper ___ other _____

Did someone refer you? Name/organization: _____

Why do you want to be a RHWA volunteer?

Please list any special skills, talents, education, work, volunteer experience:

Which volunteer opportunities are you most interested in at this time? (Check all that apply.)

___ Interpretive Messaging (IM) Volunteer

*Assist with: Education Programs
Touch Carts
Animal Encounters
Giraffe Feed Station

___ Guest Services Volunteer

*Assist with: Security
Driving Trams

___ Overlook Host/Hostess

*Assist with: Maintaining Dining Area
Kitchen Prep

___ Special Events

*Assist with: Seasonal Events
All kinds of opportunities

___ Administrative Volunteers

*Assist with: Data Entry
Mailings
Receptionist Work

___ Volunteer Keeper Staff
(Limited Availability)

*Assist with: Diet Prep
Keeper Chores
Enrichment

___ Volunteer Landscape Staff

*Assist with: Plantings
Maintaining Flower Beds
Maintaining Zoo Garden

___ Conference Center Support

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							