

SPECIAL EVENT VOLUNTEER INTEREST FORM



Name _____ Date _____

Address _____

Home Phone _____ Cell Phone _____ Email _____

Age (Circle one) 10 – 12 yr 13 – 15 yr 16 – 17 yr 18 +

Please note: *Special Event Volunteers who are 10-12 yrs old must have an adult relative volunteer with them at all times. Adults must fill out a separate Interest Form and send together.*

How did you hear about our volunteer program?

I am an RHWA member website brochure radio newspaper article
 friend/relative other; _____

Why would you like to volunteer for a Special Event?

I interested in volunteer opportunities for the following Special Event(s).

Party for the Planet (Apr. 19th) Mother's Day (May)
 Dream Night (June) Summer Splash (Jul. 4th)
 Safari Ed Day (Sept.24th) Grandparents Weekend (Sept.6 & 7th)
 Pumpkin PaZOOla (Oct. 11th)

Have you ever been convicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Do not include misdemeanor or traffic violations) Yes No

If yes, explain _____

I certify that the information of this application is complete and correct to the best of my knowledge. I authorize the Rolling Hills Wildlife Adventure Education Department to use this information in determining my volunteer placement.

Applicant's Signature _____ Date _____

Mail to: Education Department, RHWA, 625 N. Hedville Rd., Salina, Ks 67401



Please include with Special Event Interest Form



625 N. HEDVILLE ROAD SALINA, KS 67401

PHOTO RELEASE

I irrevocably give, grant, and convey to Rolling Hills Wildlife Adventure, its successors, agents, and assigns, without compensation to me or the individual named on this form, from any party the absolute right and unrestricted permission to copyright and/or use and/or publish (1) the name, (2) the image or likeness on videotape, and (3) photographic pictures of the individual named on this form, for any purpose whatsoever, including but not limited to the promotion of Rolling Hills Wildlife Adventure and its Programs.

ACKNOWLEDGMENT AND ASSUMPTION OF RISK

I understand that I assume the risks of injury or death and losses of property associated with my work as a Volunteer/Intern at Rolling Hills Wildlife Adventure.

I agree to release Rolling Hills, its Board of Directors, its officers, and the Zoo or Museum employees from liability for death and or any and all injuries that may occur to me or my property in areas that are not open to the public, except injuries caused exclusively by the negligence of the Zoo or Museum.

I will obey all safety instructions of Rolling Hills Wildlife Adventure and follow all directions of Zoo and Museum officials in the care and treatment of the animals, grounds and equipment. I will leave immediately whenever requested to do so by a Zoo or Museum official or employee.

I have read and understand the Photo Release and Acknowledgment and Assumption of Risk.

Applicant Signature

Date

Parent or Guardian Signature if applicant is under age 18

Date

In case of an emergency, whom would you wish us to notify?

Name _____ Relationship _____

Home phone _____ Cell _____ Work phone _____

