



# Docent Application

Heritage Park Zoological Sanctuary  
 1403 Heritage Park Rd  
 Prescott, AZ 86301  
 (928) 778 - 4242

Docents must be 16 years old or older. The fee for participation is \$35 which includes t-shirt, name tag, manual, animal identification cards, and a membership to the sanctuary.

Please Print Clearly

Name \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
 Address \_\_\_\_\_ Home phone: \_\_\_\_\_  
 \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ E-mail \_\_\_\_\_  
 Age (if under 18) \_\_\_\_\_

How you heard about the program:

\_\_\_\_\_  
 \_\_\_\_\_

List at least two previous volunteer or work experiences:

Name	Supervisor / Contact info	Location	Duties


Essay questions  
Use back of page if you need extra space.

Why do you want to be apart of the Docent Program?

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Please provide two references whom we may contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact information:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## Hold Harmless Agreement

I, \_\_\_\_\_ would like to Volunteer to help at the Heritage Park Zoological Sanctuary, in a non-paid position. I realize that there are many hazards at the zoo. Hazards can be dealing with wild animals, which are unpredictable and dangerous, diseases, trip and fall hazards, and others. I am aware of my own health and physical limitations. These limitations might not be obvious to my supervisor. I realize that it is my responsibility to decline any work that is beyond my capability (whether physical or mental) so that my safety and health is maintained.

I agree to hold Heritage Park Zoological Sanctuary and the Prescott Animal Park Association harmless from any accident, injury or illness that may occur as a result of my volunteering to help at the sanctuary. I waive my rights to seek any form of damages and instruct my heirs and beneficiaries to honor this agreement.

Signed by \_\_\_\_\_  
(Print name) \_\_\_\_\_ Date ( \_\_\_ / \_\_\_ / \_\_\_ )

Parent Signature \_\_\_\_\_  
(If applicant is a minor)  
(Print name) \_\_\_\_\_ Date ( \_\_\_ / \_\_\_ / \_\_\_ )