Docent Application

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

Docents must be 18 years old or older. The fee for participation is \$35 which includes t-shirt, name tag, manual, and animal identification cards. All volunteers must be members of the zoo.

Please Print Clearly

| Name | Date Submitted: |
|----------------|-----------------|
| Address | Home phone: |
| | Cell phone: |
| City/State/Zip | E-mail |

How you heard about the program:

List at least two previous volunteer or work experiences:

| | Supervisor | | |
|------|------------------------------|----------|--------|
| Name | Supervisor / Contact info | Location | Duties |
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Essay questions Use back of page if you need extra space.

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

| | ontact: | n we may con | o references whor | Please provide two r |
|---------|--------------|--------------|-------------------|----------------------|
| _ Phone | | | Name | |
| | | _ Phone | | Name |
| | | | | |
| | | | ct information: | Emergency contact |
| | Relationship | | Phone | Name |
| | Relationship | | Phone_ | Name |
| - | • • | | Phone _ | Name |

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 (/) |