North Georgia Wildlife & Safari Park - Wildlife Wonders – Zoo To You

2754 Paradise Valley RD Cleveland, GA 30528



mail: info@wildlifewonders.org

Phone: 706-348-7279

Basic Volunteer Application:

Date:		
City/State/Zip:		
Home Phone:	Work Phone:	Cell Phone:
Male Female Birthdate:	Marital Status S	pouse's Name (if married):
Alias (or other names you've gone by):		If yes, where:
• •		:
	or other factors that you f	
Is your family in agreement with your involve	rement here at WW?	□Yes □No
Have you ever been involved in volunteering	ig before? □Y	es □No
If yes, in what areas?		
During the past seven years have you been	n convicted of a crime? C	⊒Yes ⊒No If yes, please explain:
Have you been accused of and/or convicted molestation of a minor? □Yes □No If you answered yes, please explain:	d of child abuse or a crin	ne involving actual or attempted sexual
Do you smoke? □Yes □No Drink?	□Yes □No Use ill	egal drugs? □Yes □No
Do you have any conditions preventing you opportunities? ☐Yes ☐No If yes, pl	ı from performing certain lease explain:	types of activities relating to volunteering

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Please check all areas you are willing to be involved in. Circle the ones that most interest you.

On-site: North Georgia Zoo	Outreach: Public Relations	Outreach: Zoo-To-You programs
* Greeter/Hospitality * Petting Zoo area Camp * Special Events Assisting Tours Ticket booth * Livestock Animal Care: (brushing, washing etc) * Repairs/maintenance *	□ Putting out Flyers □ attending events/Promotions □ Getting Sponsors □ Conferences □ Grant Writing □ Membership □ Newsletter/Publication □ Fundraising □ Landscaping	☐ Festival/Large event help ☐ Petting Zoo help ☐ Driver (ability to drive truck/trailer) ☐ Vehicle Maintenance ☐ program assistant ☐ Organizing, Cleaning ☐ Other:
	Other areas of volunteering require le t limited to Animal training, assisting e	vel 2 training: exotic animal Zookeeper, and programs. **
* only starred areas can be done	with minors	
Why do you want to be involved in	volunteering at WW:	

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General Information:

Phone: 706-348-7279

Do you have medical insurance? Y N. If so, please identify the insuremergency.	
In case of emergencies, do you have any allergies or medical co	nditions that we should be aware of?
Are there any other physical or mental conditions that we need	to be aware of?
PERSONAL REFEREN	ICES
(Not Employees or rela	tives)
Name:	Name:
Address:	Address:
Telephone:	Telephone:

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Wildlife Wonders LLC

Release of Liability and Assumption of Risk
This document affects your legal rights, please read it carefully
I,, am aware that while volunteering, working at, or visiting North Georgia Wildlife Park & Safari, Wildlife Wonders, Zoo To You, that I may encounter certain risks, including risks associated with being around the animals during my volunteering at any Wildlife Wonders LLC activities. I am voluntarily participating in these activities with knowledge of the potential danger and risk involved and hereby agree to accept any and all risk of injury or death.
In consideration of Wildlife Wonders LLC allowing me to volunteer, work at, or visit the property and be around the animals, I agree that I WILL NOT sue, or otherwise make any claim against Wildlife Wonders LLC, its directors officers, employees, agents, contractors, volunteers, or against any land owner or lessee whose property may be used, for injury, damage, or death resulting from the negligence or other acts or omissions, however caused, by any Wildlife Wonders LLC directors, officers, employees, agents, contractors, volunteers, or any third person as a result of my volunteering, working at, or visiting Wildlife Wonders LLC.
I also agree to release and forever discharge Wildlife Wonders LLC, its directors, officers, employees, agents, contractors, and volunteers from any and all actions, claims or demands for myself, my heirs, or personal representatives for injury, death or damage resulting from volunteering, working at, or visiting Wildlife Wonders LLC. The terms of this Release shall also be binding as to any of my minor children who may accompany me.
I hereby agree to follow any and all instructions given to me by any representative of Wildlife Wonders LLC. I agree to remain behind designated safety barriers or in designated areas and will not attempt to approach an animal or cage without express approval from Wildlife Wonders LLC and will not attempt to stick any item, including body parts, into a cage. I further agree not to handle any animal or put myself or others in any type of jeopardy by handling or provoking an animal.
WW expressly reserved the right to dismiss any person(s) or groups of persons if a representative of Wildlife Wonders LLC determines, at his or her sole discretion, that said person(s) are exposing themselves, others, or the animals to risk of injury.
I have carefully read this Agreement and fully understand its contents. I am aware that this is a RELEASE OF LIABILITY and I sign it of my own free will.
Name: Date:
Address:
City: ST: Zip:
Phone: ()
Signature Date
If under 21 years of age, a parent or custodian must release WW of liability for that minor.
Signature Printed Name of Parent or Guardian Date