



Z.O.O. Crew Registration Form

**Registration Deadline: Wednesday, January 27, 2021;
Z.O.O. Crew Start Date: Monday, February 8, 2021**

Due to COVID-19 there is a limit of 21 participants (3 participants per day); registrations are first come, first served. Please fill out all applicable information. If it is not applicable, please write NA on the line.

Date: _____

Student Name: _____

Student Phone: _____ Birthday: _____ \ _____ \ _____

E-mail Address: _____

Physical Address: _____

Mailing Address: _____

(optional demographic information) Race/Ethnicity _____ Gender _____

Primary Parent/Guardian: _____

Preferred Phone: _____ Secondary Phone: _____

E-mail Address: _____

Secondary Parent/Guardian: _____

Preferred Phone: _____ Secondary Phone: _____

E-mail Address: _____

Please put an **X** in the box on the days you **are available** to volunteer. You may order your preferences, use | to represent the day you would most like to volunteer, etc.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Transportation will not be provided this semester. All participants must provide their own transportation to the zoo.

Is there a possibility that you will miss three (3) or more shifts this semester due to other extra-curricular activities?

YES

NO

Educational Background:

Current School: _____

-OVER-



Z.O.O. Crew Registration Form

Volunteer Experience:

Institution	Description of Duties	Length of Service

Is this your first semester in the Z.O.O. Crew afterschool program? _____

Why do you want to become a Z.O.O. Crew member? _____

Do you need any special accommodations? If so, please describe: _____

Please list any hobbies you have: _____

Please list any previous work experience: _____

Submit Applications to:

In-person: Sunset Zoo's Ticket Booth 12:00 PM – 4:00 PM everyday

Snail Mail: Sunset Zoo Education Department; 2333 Oak Street; Manhattan, Kansas 66502

Fax: (785) 587-2730

Electronic Submission/Survey Monkey: <https://www.surveymonkey.com/r/ZOOCrewS2021Registration>

Questions? Please call Sunset Zoo Education Department at (785) 587-2737, 8:00 a.m. to 5:00 p.m.



VOLUNTEER POSITION(S) SOUGHT: _____

LAST NAME: _____ **MI** _____ **FIRST NAME:** _____

ADDRESS: _____ **CITY:** _____

STATE _____ **ZIP:** _____ **PHONE #:** _____

SSN#: Not required for minors **D.O.B.:** / / _____

Do you have a valid driver's license? Yes No Driver's License Number and State: _____

Have you ever been convicted of a crime, entered a plea of "guilty" or "no contest", or entered into a diversion agreement to a crime, with the exception of minor traffic violations? Yes No

If yes, please explain the nature of the charges, including the date and location of the crime. Conviction of a crime is not an automatic disqualification for volunteer work; however, the City will evaluate whether your criminal background is inappropriate for the volunteer position sought.

Character References

References cannot be family members and must be local.

Reference Name First/Last	Occupation	Daytime Phone	How long have you known this person?	Has this person agreed to be a reference?
Not required for minors				

**WAIVER AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT /
VOLUNTEER PROGRAM REQUIREMENTS**

I, _____, understand and agree that I am not an employee of the City of Manhattan and will not represent myself as such.

I do hereby further understand and agree:

- I agree to comply with all of the City's ordinances, rules and regulations. I fully understand and agree to provide my services to the City of Manhattan as a volunteer in a voluntary capacity and that I agree that I will receive no compensation or benefits for services I provide.
- That I am aware that there may be certain risks involved in providing volunteer services for the City of Manhattan, said risks may include injury or accident to person or property or other loss, and I freely, voluntarily, and with such knowledge assume any such risks while volunteering my services.
- That the City of Manhattan, and its employees, agents and assigns shall not be responsible or liable for any injury damage, loss or expense, either to me or my property incurred while volunteering my services and resulting from any act or omission on the part of any employee, agent, or assign of the City of Manhattan.
- For myself, my heirs, executors, administrators, and assigns, to defend, indemnify, release, and hold harmless, the City of Manhattan and all of its employees, agents, and assigns from and against any and all manner of actions, causes of actions, suits, debts, claims, demands, or damages, liability or expenses, including attorney's fees, of every kind and nature incurred or arising by reason of any actual or claimed act or omission of mine while volunteering my services to the City of Manhattan, including, but not limited to, criminal acts, claims of sexual harassment, civil rights violations, or relating to alcohol or drug use.
- That the City of Manhattan, in its sole and exclusive discretion, may terminate me from my volunteer services, if my work is not satisfactory, if my behavior is inappropriate or offensive, if I am under the influence of alcohol or illegal drugs, if I commit a criminal act, if volunteer services are no longer needed, or for any other reason that the City deems appropriate.

6. That the City has my permission to use, for any purpose, any photographs, videotapes, recording or any other record which may contain pictures or recordings of me participating in this volunteer program.
7. That the information in this volunteer application is true and complete. I understand and agree that false statements, misrepresentations or omissions of information in this application may result in rejection of this application, or dismissal from volunteer services if discovered at a later date. The City of Manhattan is expressly authorized to investigate all statements contained in this application. Further, I understand and agree that volunteer service is conditioned upon the successful completion of an investigation into my criminal and personal background. **I hereby authorize, by my signature below, the City of Manhattan to conduct such background investigation, which may include, but are not limited to, police background check, social security number verification, criminal background check, sex offender registry check, Central Registry of Child Protection inquiry, a driving record check, fingerprint check and computer voice stress analysis test, if applicable.**
8. I hereby consent to the release of information about my ability and fitness for volunteer assignment by my former and present employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staffing specialists, and other authorized employees of the City of Manhattan. I understand that I may be disqualified from further consideration should I fail any of the testing or background processes.
9. I understand and agree that if I choose to transport program participants in any private vehicle, that I must have a valid, unrestricted driver's license, and I must maintain current automobile liability insurance coverage on said vehicle, in accordance with statutory requirements. The City will not provide any automobile liability insurance coverage for said purpose or said vehicle or be responsible for any liability or claim arising there from.

Volunteers who have a work-related injury, illness or exposure have a responsibility to report the event in writing in the required timely manner:

10. All occupational illnesses or injuries, regardless of how minor, must be reported to the volunteer's supervisor. The report must be made in writing by completing an Accident/Incident Investigation Report with the supervisor followed by the **volunteer** submitting the completed form to the City of Manhattan Human Resources Department within the earliest of the following dates:
 - a. 20 calendar days from the date of accident or the date of injury by repetitive trauma;
 - b. If the volunteer is volunteering for the entity against whom benefits are being sought and such volunteer seeks medical treatment for any injury by accident or repetitive trauma, 20 calendar days from the date such medical treatment is sought; or
 - c. If the volunteer no longer works for the entity against whom benefits are being sought, 10 calendar days after the volunteer's last day of actual work for the entity.
11. Volunteers who fail to submit a written report of a work related injury, illness, or exposure in accordance with the above guidelines to the Human Resources Department may have a claim for benefits fully or partially denied for the injury/illness.
12. All required medical treatment due to a work-related illness, injury or exposure will be coordinated by the City of Manhattan Human Resources Department or Thomas McGee, LLC. Volunteers who seek medical treatment other than that chosen by the City of Manhattan Human Resources Department or Thomas McGee, LLC will do so at their own expense.

I hereby represent that I have carefully read and understand the contents of this document and agree to the terms stated herein. In the event that an injury or accident occurs while I am volunteering, I agree that it shall be my sole responsibility to provide insurance coverage or guarantee of financial responsibility. I agree that I am volunteering for the City of Manhattan, and signing this form and making promises hereunder, under my own free will.

APPLICANT SIGNATURE: _____

DATE: _____

If applicant is a minor, the minor's parent/legal guardian must consent to and sign this form.

Minor signature is required as applicant.

PARENT/LEGAL GUARDIAN SIGNATURE: _____

DATE: _____



Artwork Release

I, _____ (parent/legal guardian name), on behalf of my child, _____ (child's name), who is under 18 years of age, grant the Sunset Zoo and the City of Manhattan, Kansas, (collectively "the City"), permission to allow City officers, agents and employees to use any and all pictures, writings, drawings, sculptures, digital graphic images and any other item or method of expression created by my child while he or she is participating in education programs at the Flint Hills Discovery Center and Sunset Zoo (hereinafter referred to as "Artwork").

I agree that the City may, now and in perpetuity, use and/or exhibit such Artwork for City purposes, including but not limited to promotion, education, publicity, website and social media, development, fundraising, publication, presentation, evaluation and research in all media formats.

I acknowledge that the City is not responsible for the content of the Artwork and is not liable for the infringement of any intellectual property rights, including protected copyrights, which may be committed by the Artwork. While the City may choose to retain the Artwork following the conclusion of the educational activities on any given day, I grant the City permission to dispose of and/or destroy the Artwork produced during any education programs at the Flint Hills Discovery Center and Sunset Zoo at the conclusion of the day during which said Artwork is produced. I understand and acknowledge that neither I nor my child has any expectation of privacy concerning any Artwork and I know that other individuals who may or may not be associated with the City will have access to the Artwork from time to time. I understand that some Artwork is created with, and contained on computers owned by the City, and while the City is under no obligation to make the Artwork available to be taken home by my child or retained or accessed electronically, the City may, at its sole discretion from time to time, make the Artwork available for my child to take home or retain or access electronically.

I agree that the terms of this permission and release form are binding on my minor child and me, and the heirs, legal representatives, assigns, executors and administrators of my minor child and me.

Parent/Legal Guardian Signature

Date

Member's Last Name: _____ Member's First Name: _____

**Z.O.O. CREW PERMISSION FORM AND AUTHORIZATION FOR EMERGENCY MEDICAL CARE
FOR
SUNSET ZOOLOGICAL PARK**

IN ORDER TO MEET ALL LEGAL REQUIREMENTS, I HEREBY AUTHORIZE THE STAFF OF SUNSET ZOOLOGICAL PARK TO GIVE CONSENT FOR ANY AND ALL NECESSARY EMERGENCY MEDICAL CARE FOR MY YOUTH (NAME) _____ WHILE SAID YOUTH IS IN SAID CUSTODY THROUGHOUT THEIR TIME VOLUNTEERING AS A Z.O.O. CREW MEMBER AT SUNSET ZOO. I ALSO HEREBY GIVE MY YOUTH, IDENTIFIED ABOVE, PERMISSION TO PARTICIPATE IN THE Z.O.O. CREW VOLUNTEER PROGRAM THROUGH THE 2020-2021 SCHOOL YEAR. I FURTHER STATE THAT I HEREBY RELEASE SUNSET ZOO, THE CITY OF MANHATTAN, ITS AGENTS OR EMPLOYEES, FROM ANY CLAIM THAT THE SAID Z.O.O. CREW MEMBER MIGHT HAVE, OR OTHERS MAY HAVE FOR INJURY THAT HE/SHE MIGHT SUSTAIN DURING HIS/HER PARTIPATION IN THE Z.O.O. CREW VOLUNTEER PROGRAM FOR WHICH HE/SHE IS REGISTERED.

(Signature of Parent/Guardian) (Date)

(Witness) (Date)

EMERGENCY PHONE NUMBERS _____
(Home) (Primary Guardian's work) (Secondary Guardian's work)

PHYSICIAN _____ **PHONE** _____

ADDRESS _____

HOSPITAL PREFERENCE _____

MEDICAL INFORMATION ON CHILD:

DO YOU HAVE HEALTH INSURANCE? _____ **INSURANCE PROVIDER** _____
MEMBER # _____

DO YOU RECEIVE MEDICAL ASSISTANCE? _____ **PROGRAM NAME** _____
CARD # _____

IS CHILD ELIGIBLE FOR MILITARY MEDICAL CARE? _____ **MEMBER NUMBER OR LAST 4 ID#** _____

KNOWN ALLERGIES _____

DATE OF LAST TETANUS BOOSTER (if known) _____

* This form is to give permission to participate in Sunset Zoo's Z.O.O. Crew Volunteer Program and for emergency use. It must be returned to Sunset Zoo prior to participating in any activities approved for participation by a member of this program by Sunset Zoo administrative staff.

Zoological Occupation Orientation (Z.O.O. Crew) Member Policy



Z.O.O. Crew Policy Receipt and Acknowledgment Form

What day will you receive notification of acceptance into the program?

What is the deadline for completing the online training?

What time does the Z.O.O. Crew program occur?

How do you notify the zoo if you will be late or absent?

When parents drop off participants at the zoo, how long do they need to wait before they can leave?

Do you understand that you will get dirty, wet, and sweaty? You will be cleaning up after animals. You may come in contact with animal blood, urine and/or feces while working. Are you okay working in these conditions?

How many masks should you plan to bring to the zoo?

What kind of shoes do you need to wear?

Name one potential cause for program dismissal.

I have read the Z.O.O. Crew Member Policy and understand all the stipulations within the policy.

Today's Date

**Applicant Signature or
typed name**

**Parent/ Guardian Signature
or typed name**