



Keeper Aide Volunteer Application

Position Description: The Keeper Aide Program is specially designed for adults who are interested in volunteering in a zoological facility alongside Zoo Staff to provide daily care for our exhibit animals. They are assigned to specific routines which include cleaning animal exhibits, preparing diets, and/or providing enrichment for our zoo animals. Many volunteers use this opportunity to gain experience for their careers or simply because they enjoy the physical aspect involved of caring for animals.

Age Restrictions: Applicants must be at least 18 years old

Time Commitment: All Keeper Aide shifts are 9:00am-1:00pm; Keeper Aides are required come in one day per week for a minimum of six months

When to Apply: Ongoing Recruitment

Interviews: Ongoing Interviews

Additional Information: Keeper Aides are assigned to a single routine which they will learn and complete over the first six months. After the initial period, Keeper Aides are given an evaluation, during which their potential advancement in the program is determined. Previous experience with animal husbandry and/or animal safety is beneficial.

Keeper Aide Training: Keeper Aide Orientations are arranged several times per year, usually on a Saturday morning. Attendance to the orientation is required for admittance into the Keeper Aide Program. There are no exceptions.

How to Apply: Please fill out the attached application and volunteer agreement. Submit your application with a cover letter via email, fax, or mail.

Email: HHPZvolunteers@sanjoseca.gov

Fax: (408) 794-6470

Mail: Happy Hollow Park and Zoo
Volunteer Department
1300 Senter Road
San Jose, CA 95112

GENERAL VOLUNTEER INFORMATION

Name: _____
Last First Name Written on Nametag

Address: _____
Mailing Address City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Applicant Email Address: _____

Date of Birth (Month/Day/Year): _____ T-Shirt Size: Adult S Adult M Adult L Adult XL

Foreign Languages: Spanish (circle all that apply) Speak Read Write
Other _____ (circle all that apply) Speak Read Write

Have you ever volunteered for a City of San José program or event before? Yes _____ No _____
If yes, who was your supervisor? _____

Have you ever been convicted and /or placed on probation from any criminal offenses? Yes _____ No _____
Note: A conviction will not necessarily disqualify an individual from volunteering.
If so provide dates and detailed information below (including minor offenses):

EMERGENCY CONTACT INFORMATION

Please list two contacts that may be reached in case of emergency.

Emergency Contact 1

Name: _____ Relationship: _____

Cell Phone: _____ Work or Home Phone: _____

Emergency Contact 2

Name: _____ Relationship: _____

Cell Phone: _____ Work or Home Phone: _____

MEDICAL INFORMATION

Please note any physical restrictions or allergies that should be considered in assigning volunteer projects:

*** Please note that those with severe food allergies such as peanut or tree nuts may be at risk of exposure while working at the zoo as various nuts are crucial components to many animal diets. ***

PAST EXPERIENCE

Please describe your previous volunteer and/or work experience that may be relevant to this position, including but not limited to working with animals, children, public speaking, or customer relations (you may refer to your cover letter for this information):

GENERAL AVAILABILITY

Keeper Aides are scheduled once a week on a consistent day (i.e. every Wednesday) from 9:00am-1:00pm. Please indicate at least two days of the week that you are available to accommodate scheduling conflicts. You may indicate your preference by writing "1st" "2nd" and so on in the boxes below. We will always attempt to provide you with your first choice, but this cannot be guaranteed.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00 am - 1:00 pm							

Additional Scheduling Notes:

Volunteer Agreement and Release

CONDITIONS

The Program is under no obligation to accept all interested volunteers.

Any or all of the following could be required by the City before placement of a volunteer in certain volunteer positions:

- ◆ Fingerprinting
- ◆ Background Investigation
- ◆ Negative TB test results (maximum period of 2 years preceding start of service)

State law requires that all persons having supervisory or disciplinary authority over minors in the City's recreational programs, be fingerprinted and undergo a state background check. The City may by policy, require background checks that exceed state requirements including federal criminal background checks.

I, _____, agree to volunteer my services to the CITY OF SAN JOSE ("City") and to comply with the City's volunteer code of conduct (a copy of which has been provided to me).

I understand that during the course and scope of my (or my child's) volunteer services to the City, I (or my child) will be covered under the City's Workers' Compensation self-insurance. I also understand and agree that my sole remedy for any injury that I (or my child) may sustain during the course and scope of my (or my child's) volunteer services to the City, which is covered by Workers' Compensation, shall be through the City's Workers' Compensation self-insurance coverage. I waive any other right or remedy that I (or my child) may have against the City of San Jose, its employees, officer, and agents (collectively referred to as "City") available to me for an injury as described above (including an injury arising out of the City's negligence). Further, I release the City from all other liability arising from my (or my child's) volunteer service or activities as provided hereunder..

I understand that the City of San Jose may photograph or videotape the volunteer events or activity in which I am (or my child is) participating. I give my permission for the City to use photographs or videotape of me (or my child) for the purpose of promoting the City of San Jose and its services/programs. I give my permission with the following understanding: **No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness.**

I acknowledge that there is no salary or other compensation, or prizes of any kind to be provided by the City for my services as a volunteer. Rewards or prizes for volunteer service to the City may be offered by other persons; however, the City is not responsible for the payment of any such reward or prize to me. I also acknowledge and agree that my (or my child's) services are provided for the convenience of the City and may be terminated for any reason or for no reason and at any time by the City without prior notice or hearing. I, the undersigned, certify that the information stated on this agreement and release is true, complete and correct to the best of my knowledge and belief and is made in good faith. Any false statements made by me may be used as a basis of rejection for this application or termination of volunteer services.

This agreement shall remain in effect until terminated in writing by either party. Additional information may be provided on the attachments.

Volunteer's Signature _____ **Date** _____

If volunteer is under 18 year of age:

Parent's/Guardian's Signature _____ **Date** _____

City's Acceptance of Volunteer: _____

TB test results: _____ Verified by: Name: _____ Title: _____ Date: _____