



Name \_\_\_\_\_

Phone \_\_\_\_\_

## Adult Volunteer Application 2019

P.O. Box 10179 • El Paso, TX 79995  
• Office (915) 212-0244 • Fax (915) 212-0251  
Send applications by mail, fax or e-mail to:  
[zoovolunteer@elpasotexas.gov](mailto:zoovolunteer@elpasotexas.gov)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Are you 18 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_

*Persons with previous sex offenses, domestic violence, or theft, as well as any felonies on record will not be accepted into the program.*

### Current Employment

### Educational Background

Please describe your educational background.

### Special Skills and Abilities

What special skills would you bring to the El Paso Zoo?  
(Foreign languages, working with special needs, leadership, art, computer programs etc.)

### Volunteer Experience

Please describe any volunteer involvement you have had with other organizations.

**Briefly, describe the reason you want to volunteer here at the El Paso Zoo**

**Area of Interest**

Please mark the areas that interest you.  
(Responsibilities will be explained in detail during interview.)

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Ambassador</b>  | <input type="checkbox"/> <b>Education /Programs</b> |
| <input type="checkbox"/> <b>Collections</b> (zoo keeper aid) Weekly commitment for at least 3 months <b>8am to 12pm</b> |   |
| <input type="checkbox"/> <b>Special Events</b>  | <input type="checkbox"/> <b>Horticulture</b>        |
| <input type="checkbox"/> <b>Administration</b> (Office/clerical)  | <input type="checkbox"/> <b>Animal Observation</b>  |
| <input type="checkbox"/> <b>Commissary</b> (Diet Prep) Weekly commitment for at least 3 months <b>7am to 10am</b>       |   |

**Volunteer Availability**

	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Morning							
Afternoon							
Evening							

**Additional Information**

- |   |  |
|---|--|
| a. Have you previously worked for the City of El Paso?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| b. Are you currently employed or have you ever been employed by a City of El Paso City-County combined agency?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| c. Do you have relatives employed by the City of El Paso?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| e. Are you currently serving on City Council?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| d. Have you ever been convicted of a criminal offense?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| e. Have you ever been charged with child neglect or abuse?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| f. Has your driver's license ever been suspended?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| g. Other than the above, is there any fact or circumstance involving your background that would call into question your being entrusted with the supervision, guidance and working with young people? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

**PLEASE NOTE:**

- **Attach a letter of recommendation**
- **If selected, you will need an Updated TB TEST and a TETANUS vaccine.**  
<http://www.immunizeelpaso.net>
- **A background Check will also be necessary before volunteering.**

## EL PASO ZOO VOLUNTEER AGREEMENT

I have volunteered my services to the City of El Paso and the El Paso Zoological Society. I hereby release the City of El Paso and the El Paso Zoological Society and its officers, directors, employees, advisors, agents, patrons, and volunteers from any liability for any loss, cost, or damage to me or my property arising out of or in connection with my activities and/or time spent in connection with this volunteer work. I certify that my statements in this application and other required forms, are true, complete, and correct to the best of my knowledge and belief. I also agree that ALL statements made on this application may be investigated. I consent to the release of information, about my ability and fitness for volunteering with the City of El Paso, by parties authorized by the City of El Paso. I understand that information from my application or resume may be subject release to the public under the Texas Public Information Act.

*Have you ever been convicted for any crime, including sex-related or child-abuse related offenses?*  
No \_\_\_\_\_ Yes \_\_\_\_\_

### **All Volunteers must read the following statements and sign on the Volunteer Signature line.**

Volunteer hereby agrees that he/she is a volunteer and not an employee of the City. City shall not be subject to any obligations or liabilities of Volunteer, Volunteer's agents or representatives, incurred in the performance of this contract. If any such obligation or liability of Volunteer, Volunteer's agents or representatives should be attributed to City, despite City's above express waiver of any and all such obligation and liabilities, Volunteer expressly agrees to indemnify and hold harmless City from any and all such obligations or liabilities.

### **As a Volunteer for the City of El Paso:**

- I agree to be prompt and reliable in reporting for my scheduled assignment period or schedule program and to provide the City with an accurate record of my hours worked by signing in and out on the Volunteer Hours sheet. I agree to notify my assigned supervisor if I am unable to report as scheduled.
- I agree to dress in accordance with the City of El Paso Professional Appearance standards for my assignment, remembering that I am a volunteer and I represent the City of El Paso.
- I agree to respect the patrons/customers by being friendly and cooperative with them and to guide them to a staff member if necessary.
- I agree to respect the function of the permanent staff and to contribute to maintaining professional relationships between the staff and myself.
- I agree to carry out assignments in good spirit and to seek the assistance of my supervisor or another staff person whenever I have a question or have completed a project.
- I agree to exercise caution when acting on the assigned department's behalf in any situation and to protect the confidentiality of all information relating to the assigned department.
- I understand that I must attend Sexual Harassment Training, conducted by the City of El Paso, and adhere to the City of El Paso's Policy and Procedures, if applicable.
- I understand that the City of El Paso or I may terminate volunteer services for any reason at any time, upon notice to the other party. The City shall have no responsibility or liability because of such termination and no further responsibility or liability under this agreement after such termination.
- I agree to perform services for the City of El Paso on a volunteer basis. I understand that I will receive no money or other form of compensation for such services.
- I agree to read and sign the telephone and computer policy.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone \_\_\_\_\_



**If you are selected to volunteer, there is a \$20.00 fee, which includes a t-shirt and name badge.**

***Remember you will be asked to commit for one year, 8 hours per month***

*revised 2019TL*