

Group Volunteer Application Instructions:

1. Completely fill out the following application (two pages).
2. By typing your name and the date in the “Group leader signature” field your group agrees to volunteer terms.
3. E-mail the completed application to the Volunteer Coordinator:

Adam Rhoads
arhoads@lincolnzoo.org

4. The Volunteer Coordinator will contact the Group Leader to further discuss volunteering opportunities.

Lincoln Children's Zoo does not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation, disability or age.

Lincoln Children's Zoo – 1222 South 27th Street – Lincoln, NE 68502 – 402.475.6741 – FAX 402.475.6742



GROUP VOLUNTEER APPLICATION

Organization: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Group Leader: _____

Contact Number: _____ E-mail: _____

How many people are in your group? _____

What is the age range of your group? _____

Why does your group want to volunteer?

How did you learn about our volunteer program?

Friend Website Zoo brochure Radio TV Newspaper

Other: _____

Availability (please be as specific as possible)

What day(s) does your group want to volunteer? _____

How many hours does your group want to volunteer? _____

Is your group interested in volunteering:

One time only Occasionally Weekly Monthly Quarterly

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Volunteer Areas of Interest

Do you have any skills or talents that can help the Zoo? _____

Facilities Administration Special Events Any

Many businesses or clubs make donations that match gifts of time and/or money. Are you aware of any matching gift or grant opportunities within your organization? If so, which ones?

As a condition of volunteering, I give permission to the Lincoln Children’s Zoo to conduct a background check on my organization. I understand that volunteering is conditional upon the Zoo receiving no inappropriate information. I hereby release and agree to hold harmless from liability the Lincoln Children’s Zoo, its officers, Board of Directors, employees, and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous volunteering, the Zoo is not obligated to place me in a volunteer position. If accepted as a volunteer I understand that my group will be expected to follow Zoo policies and/or principles and if not, that I will be subject to suspension or termination.

I hereby affirm that the information given by me is complete and accurate.

Group leader signature: _____ **Date:** _____

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