

# COMMUNITY EVENT VOLUNTEER INFORMATION

## ONE DAY VOLUNTEER PROGRAM

RETURN TO: VOLUNTEER COORDINATOR  
OREGON ZOO  
4001 SW CANYON RD.  
PORTLAND, OR 97221

### PLEASE PRINT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

AGE (PLEASE CIRCLE ONE)    12-13 YR    14-15 YR    16-18 YR    18<

PLEASE CIRCLE THE EVENT(S) YOU ARE INTERESTED IN ASSISTING WITH:

BEAR FAIR (MAY)

RABBIT ROMP (APRIL)

SPECIAL EVENTS

ELEPHANTASTIC (APRIL)

WORLD ANIMAL FESTIVAL (SEPT/OCT)

HOWLOWEEN (OCT)

ZOOLIGHTS (DEC)

### Medical Information and Release

In an emergency, if the parent or designated Physician/Doctor cannot be reached, I authorize the Oregon Zoo to transport and/or obtain medical services from any doctor (M.D. or D.O.) for me/my child.

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

*(other than above)*

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

### Photo Release

I irrevocably give, grant, and convey to the Oregon Zoo, its successors, agents, and assigns, without compensation to me or the individual named on this form, from any party the absolute right and unrestricted permission to copyright and/or use and/or publish (1) the name, (2) the image or likeness on videotape, and (3) photographic pictures of the individual named on this form, for any purpose whatsoever, including but not limited to the promotion of the Oregon Zoo and its Programs.

### General Release

I understand the nature of the Oregon Zoo's one day volunteer program and the activities involved, and state that the individual named on this form is in adequate health to perform the activities and agree that they may voluntarily participate in the program. I do ensure and guarantee to hold harmless the Oregon Zoo, Metro, its staff, agents and representatives from any responsibility for liability whatsoever resulting from the individual's actions, activities, or injury.

I have read and understand the Medical Release, Photo Release and General Release.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Parent/Guardian if under 18 years old)*