

COMMUNITY EVENT VOLUNTEER INFORMATION

ONE DAY INDIVIDUAL 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<

HAVE YOU CONTACTED THE VOLUNTEER COORDINATOR AND RESERVED SPACE FOR ASSISTING WITH AN EVENT? _____ IF YES PLEASE INDICATE WHICH EVENT: _____

IF YOU HAVE NOT CONTACTED THE VOLUNTEER COORDINATOR PLEASE CIRCLE THE EVENT YOU ARE INTERESTED IN ASSISTING WITH, YOU WILL BE EMAILED WITH THE INFORMATION ON THE EVENT AS IT BECOMES AVAILABLE:

RABBIT ROMP (APRIL)

ELEPHANTASTIC (APRIL)

WORLD ANIMAL FESTIVAL (SEPT)

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)