

ALBUQUERQUE BIOLOGICAL PARK
BIOPARK EDUCATION 2009
ADULT VOLUNTEER INFORMATION FORM

Today's Date: _____

Name: _____

Address: _____ Zip Code: _____

Email: _____ Are you over 18 years old? _____

Home Phone: _____ Work and/or Mobile Phone (if applicable): _____

Emergency Contact:

Name	Phone Number	Relationship
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Circle the position(s) in which you are interested.

- | | | |
|-----------------------------|-----------------------------|----------------------------|
| BioVan Ranger | Heritage Farm Guide | Volunteer Teacher (docent) |
| Railroad Garden Volunteer | Horticulture Volunteer | BioPark Nature Guide |
| Greeting Team at Aq./Garden | Touchpool | |
| Greeting Team at Zoo | Tingley Beach Fishing Guide | |

When I have completed volunteer training, I will be interested in working:

_____ weekdays _____ weekends _____ either

How did you hear about this job? (Called to inquire, saw notice in newspaper, from a friend, saw the flier, etc.)

What do you hope to gain from volunteering at the BioPark? Knowing your expectations will help us make your experience more rewarding.

The following information will help us learn more about your interests. Please fill it in if you feel it is appropriate, or if you have skills you'd be willing to share.

Education background: _____

Hobbies/Special Expertise/Relevant Experience: (writing, drawing, photography, computers, carpentry, etc.) : _____

Do you speak a language other than English? If so, please list. _____

Comments: _____

Please read and sign the next page.

**ALBUQUERQUE BIOLOGICAL PARK
BIOPARK EDUCATION 2009
VOLUNTEER CONTRACT/RELEASE**

I understand the responsibilities of becoming an Albuquerque Biological Park volunteer. I am willing to enter into an agreement with the City of Albuquerque's Albuquerque Biological Park, and commit to donating the minimum number of hours required to the BioPark. In return, I will be provided with classroom and on-the-job training and free regular admission to BioPark facilities while I am an **active** volunteer.

I agree that I shall be responsible for any injuries or damage incurred by me while performing volunteer services at the Albuquerque Biological Park. The City will, however, be responsible if I am injured and the injury is caused by the sole negligence of the City or its employees. I agree that I will consult with my physician and insure that any inoculations recommended are maintained in a current status.

I understand that the City will hold me responsible for any damage to property of the City or property belonging to third parties if the damage is caused by my negligent conduct. Likewise, I understand that the City will hold me responsible for all injuries sustained by persons when the injury is caused by my negligent conduct. I understand and agree that I shall be expected to pay for damages or injuries caused by my negligence.

I understand that this volunteer contract may be terminated at any time by either myself or the Albuquerque Biological Park without cause. In such event, any programs and educational materials that I have developed will remain the property of the Albuquerque Biological Park.

ALBUQUERQUE BIOPARK VOLUNTEER:

Printed Name

Signature

Date

OFFICE USE: NMSO PASS / NO PASS _____ Date _____ Initials
APD Form _____