

Roger Williams Park **ZOO** PROVIDENCE, RI

Roger Williams Park Zoo Internship Application Form

All prospective Zoo-Wide interns, a complete application should include the following:

- ✓ Completion of this packet
- ✓ A letter of recommendation
- ✓ A one page essay (question options are below)
- ✓ Copy of negative TB test (needs to be from the past 9 months)

PERSONAL INFORMATION Please Print

Last Name	First Name	Middle Name	Today's Date:
Permanent Address (street, city, state, zip code)			Email address:
Cell Phone	Home Phone		Work Phone (if we can call)
Name of Emergency Contact #1	Contact Phone # (s)		Relationship
Name of Emergency Contact #2	Contact Phone # (s)		Relationship
Have you ever been convicted of a crime (other than a juvenile offense) in the past ten years? (Do not state arrests, only convictions).			
If you answered yes to the above question, please explain:			

List other counties, states lived in during past 10 years:
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EDUCATION

High School		
Business/Vocational/College	Location	Major area of study
Graduate School	Location	Major area of study
Currently attending school? GRADUATION DATE?	If so, please name school & field of study:	

EMPLOYMENT

Place of employment	Address
Length of Time:	Job Title

- Please describe experience working with animals:
- Are you seeking school credit for this internship? If so, what is the registration deadline for the semester at your school? Please include requirements for credit.
- During your internship, you may be asked to go to other areas of the zoo when needed. Do you understand that your rotation may be interrupted temporarily and there will be a need for flexibility on your part? YES ___ NO ___
- Please include a letter of reference from a non-relative and you may also include a resume with the application.
- If you are a student and expecting to obtain credit for this internship, please **include a letter** from your advisor.
- Please include a one - page essay that answers the following questions:
 - Why are you interested in the internship?
 - What are your expectations for the internship?
 - What makes you qualified for this internship?
 - What skills can you bring to the zoo?
- Please provide a copy of your negative TB results (from the past 9 months or less)

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Statement of Confidentiality and Organizational Ethics

I understand that all interns must hold any business of Roger Williams Park Zoo in strict confidence. This obligation of confidentiality must extend to (but not be limited to) the following areas of concern:

- copyrighted materials and programs developed and used by the RWP Zoo
- personnel information
- donation data base
- financial or operational data
- any sensitive animal information including escape situations
- research project information
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Under no circumstances may I discuss the above information with anyone, especially the media unless I am authorized to do so.

I agree that the above material is the property of the RWP Zoo. I understand that the Director and his/her designee shall be the official spokesperson for the organization. I will neither disclose any information or materials to any persons who are not employees of the RWP Zoo nor will I copy or remove the same from the premises of the zoo.

Volunteers/interns shall follow a code of ethics that follows these guidelines:

- Volunteers/interns shall conduct themselves at all times in a professional manner
- Volunteer/interns are not to capitalize on their relationship with RWP Zoo to further their personal or professional goals or gains, including areas of conflict of interest. These situations include but are not limited to promoting personal business opportunities.

I further understand that violation of any matters listed above may be grounds for dismissal.

I also certify that the information provided on this application is true and complete. False statements on this application shall be considered grounds for termination. I also understand that this is not a paid position.

Signed _____ Date _____

Print _____

Roger Williams Park
ZOO
PROVIDENCE, RI

VOLUNTEER APPLICATION
CRIMINAL BACKGROUND CHECK FORM
(For applicants 18 or older only)

NAME (PLEASE PRINT) _____

DATE OF BIRTH _____

SOCIAL SECURITY # _____ -- _____ -- _____

Disclaimer

I, _____, request that the Bureau of Criminal Identification of the Department of Attorney General for the State(s) of:
(list all states lived in for past 10 years)

_____ to make available to me any criminal record that I may have on file with the Bureau of Criminal Investigation.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests therefrom, whatsoever against the state(s) of
(list all states lived in for past 10 years)

_____,
Bureau of Criminal Identification, the Attorney General, and the employees of the Attorney General's Office in both law and equity, which I may now have or in the future may have.

Signature of Applicant

Date

ROGER WILLIAMS PARK ZOO VOLUNTEER WAIVER & RELEASE

IMPORTANT INFORMATION

Roger Williams Park Zoo is committed to conducting its volunteer programs and activities in a safe manner and holds the safety of volunteers in high regard. The Zoo continually strives to reduce such risks and asks that all volunteers follow safety rules and instructions that are designed to protect the volunteer's safety. However, volunteers must recognize that there is an inherent risk of injury when choosing to volunteer for any activity or program.

Please recognize that Roger Williams Park Zoo carries only limited medical accident coverage for volunteers; therefore, it is strongly urged that all volunteers review their own health insurance policy for coverage. Additionally, each volunteer is solely responsible for determining if he/she is physically fit and/or properly skilled for any volunteer activity. It is always advisable, especially if the volunteer is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when providing volunteer services. Understandably, not all hazards and dangers can be foreseen. Volunteers must understand that depending upon the volunteer services, certain risks, dangers and injuries due to accidents, inclement weather, slip and falls, inadequate or defective equipment, failure in supervision or instruction, premises defects, horseplay, carelessness, lack of skill or technique, and all other circumstances inherent to the particular volunteer services exist. In this regard, it must be recognized that it is impossible for the Zoo to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in consideration for providing volunteer services, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you may sustain as a result of participating in any and all activities connected with and associated with your volunteer services (including transportation services/vehicle operations, when provided).

As a volunteer, I recognize and acknowledge that there are certain risks of physical injury to volunteers in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of my volunteer services. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of my volunteer services against the RI Zoological Society and Roger William park Zoo, including its officers, officials, agents, volunteers and employees (hereinafter collectively referred as "Parties").

I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with my volunteer services.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Intern's Name _____
(PLEASE PRINT)

Intern's Signature _____ Date _____