

# Volunteer Application

*Suncoast Primate Sanctuary Foundation, Inc.*  
*Palm Harbor, FL 34683*

*4600 Alternate 19*  
*727-943-5897*

*www.suncoastprimate.org*

**PLEASE PRINT**

Name \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Employer Name \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Employer Address \_\_\_\_\_

School Name \_\_\_\_\_ School Phone Number \_\_\_\_\_

School Address \_\_\_\_\_

List any arrest, date and charge, the disposition of the case, (probation, fine, jail time, etc.), date of disposition and the jurisdiction (state, county): \_\_\_\_\_

Do you have a valid Florida Driver's License:  Yes (attach a copy);  No  
 (If "No", state why not) \_\_\_\_\_

What type of volunteering would you like to do?

<input type="checkbox"/> Animal Caregiver	<input type="checkbox"/> Animal enrichment	<input type="checkbox"/> Animal husbandry	<input type="checkbox"/> Front Gate
<input type="checkbox"/> Docent	<input type="checkbox"/> Office	<input type="checkbox"/> Fundraising/Events	<input type="checkbox"/> Bright Futures
<input type="checkbox"/> Photography	<input type="checkbox"/> Phone Calls (on/off site)	<input type="checkbox"/> Internet Research (off site)	
<input type="checkbox"/> Community Service Mentor (work with troubled youth)			
<input type="checkbox"/> Grounds Maintenance (landscaping/yard work, painting, general upkeep)			
<input type="checkbox"/> Other (Specify) _____			

List special skills you may have (for example, public speaking, computer, graphic art, design, gardening, sewing, plumbing, air conditioner, etc.) \_\_\_\_\_

What days/times are you able to volunteer

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time							

If there are no openings for the days you can volunteer, are you interested in  volunteering in a non-caregiver role (see above),  and/or being placed on the waiting list for an opening?

The care of animals comes first; however, for caregivers, there are times when there are non-caregiving tasks need to be done. Are you willing to do other tasks as needed?  Yes  No.

If no, briefly describe why. \_\_\_\_\_

Have you ever volunteered before?  Yes  No. If "Yes", list the name of the facility, contact person, and time period you were there: \_\_\_\_\_

Describe your duties and why you left \_\_\_\_\_

Why did you choose the Suncoast Primate Sanctuary and how did you find out about the Sanctuary?

What would you like to accomplish as a volunteer? \_\_\_\_\_

What do you expect the Sanctuary to do for you? \_\_\_\_\_

Do you currently possess a class I, II or III Permit:  Yes  No  
If "Yes", list the state that it covers, the number and expiration date: \_\_\_\_\_

Do you currently possess a USDA permit  Yes  No  
If "Yes", list the state that it covers, the number, and expiration date: \_\_\_\_\_

What, if any, animals have you worked with (state species and ages of animals):  
\_\_\_\_\_  
\_\_\_\_\_

If this is the first time you've volunteered at a facility that deals with great apes and other primates, why do you want to be here? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How comfortable are you around animals in close quarters that can hurt you? \_\_\_\_\_

Are you now, or have you ever been, a member of any animal rights organization:  Yes  No  
If "Yes", list the organization(s): \_\_\_\_\_

<b>MEDICAL SECTION</b>		
<b>Note:</b> The <b>MEDICAL</b> section is required for <b>all</b> volunteer opportunities performed <b>onsite</b> . Attach TB results and shot record with volunteer application or as otherwise directed.	<b>MEDICAL</b>	<b>DATE</b>
	Date of last Tetanus shot	_____
	Date of last TB test (attach result sheet)	_____
	Date of last Hepatitis B test (attach results)	_____
	Do you have any medical condition that would limit physical activity?	<input type="checkbox"/> No <input type="checkbox"/> Yes
	If "Yes", state limits of activity _____	

Attach three (3) reference letters (or name/contact number of 3 references).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Parent's signature (for minors)

\_\_\_\_\_  
Print Name

**DO NOT WRITE BELOW THIS LINE**

**To be completed by the Suncoast Primate Sanctuary administration**

- Animal Caregiver volunteer
  - Friends of the Sanctuary volunteer
  - Bright Futures volunteer
  - Injury and Liability waivers signed
  - Application processed per the Volunteer Application Checklist
- Date Processed \_\_\_\_\_  
Processed by: \_\_\_\_\_

# Suncoast Primate Sanctuary Foundation, Inc.

## Liability Waiver

As an adult volunteer, minor child volunteer, or parent and/or guardian of a minor child volunteer at the Suncoast Primate Sanctuary Foundation, Inc., I am fully aware that I have no legal standing whatsoever to enter into or sign a contract for goods or services from any type of business or corporate entity in the name of The Suncoast Primate Sanctuary Foundation, Inc. I further understand that at no time do I have the authority to promise to, or contract with any business or corporate entity to have The Suncoast Primate Sanctuary Foundation, Inc. provide said business or corporate entity with any type of service(s). I am aware that only a member of the Board of Directors of The Suncoast Primate Sanctuary Foundation, Inc. may enter into and sign a contract.

I understand that by signing this statement, any infraction will result in immediate termination of my volunteer privileges and may result in criminal and/or civil penalties files against me.

I have read and clearly understand the liability statement which I am signing. I am signing this liability statement of my own free will. I have not been coerced into signing this liability statement in any way and I am not under the influence of drugs or alcohol. I am at least 18 years of age and of sound mind and judgment. I am the responsible party for the minor child/children I have allowed to volunteer. I realize that my signature of this liability statement holds me criminally and civilly responsible for any contracts or other business dealings I may enter into unlawfully and holds blameless The Suncoast Primate Sanctuary Foundation, Inc.

**Signature of Volunteer applicant:** \_\_\_\_\_ **Age** \_\_\_\_\_

**Printed name of Volunteer applicant:** \_\_\_\_\_

*If volunteer applicant is a minor (under 18), a parent or legal guardian must sign and complete this section:*

**Parent Signature** \_\_\_\_\_ **Age** \_\_\_\_\_

**Parent (printed name)** \_\_\_\_\_

**Witness Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Notary Signature** \_\_\_\_\_

# Suncoast Primate Sanctuary Foundation, Inc.

## Injury Waiver

As an adult volunteer, minor child volunteer, or parent and/or guardian of a minor child volunteer at the Suncoast Primate Sanctuary Foundation, Inc., I am fully aware of the risks involved with being around, in close proximity with and/or handling primates of all ages and species. I fully understand that primates can bite at any time, without warning and can inflict serious injury with these bites. I fully understand that primates are capable of reaching out and grabbing anyone or anything within their reach and can also inflict serious injury in this manner. I also understand primates can inflict serious injury to any minor child I may choose to allow to volunteer. I am aware that the staff at The Suncoast Primate Sanctuary Foundation, Inc. is not to be considered as babysitters for my minor child. Knowing this, I hereby waive any right to bring suit or claims against The Suncoast Primate Sanctuary Foundation, Inc., and further waive any rights to bring suit or claims for any primate related or any other injuries incurred by myself or my minor child during any assigned volunteer activity on site or at any off site exhibits or events. I accept complete and full responsibility for any injuries I and/or my minor child may receive while performing the assigned volunteer activities. I further understand that all precautions will be taken by the staff at The Suncoast Primate Sanctuary Foundation, Inc. to provide adequate training to all volunteers.

I have read and clearly understand the waiver which I am signing. I am signing this waiver of my own free will. I have not been coerced into signing this waiver in any way and I am not under the influence of drugs or alcohol. I am at least 18 years of age and of sound mind and judgment. I am the responsible party for the minor child/children I have allowed to volunteer. I realize that my signature of this waiver prevents suit being brought by an outside party on behalf of a child/children in my care as well, and that I am the sole individual responsible for any injuries the child/children may incur while volunteering in the event a suit is brought by an outside party.

**Signature of Volunteer applicant:** \_\_\_\_\_ **Age** \_\_\_\_\_

**Printed name of Volunteer applicant:** \_\_\_\_\_

*If volunteer applicant is a minor (under 18), a parent or legal guardian must sign and complete this section:*

**Parent Signature** \_\_\_\_\_ **Age** \_\_\_\_\_

**Parent (printed name)** \_\_\_\_\_

**Witness Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Notary Signature** \_\_\_\_\_