

#### Completed Applications Due by June 1st

Due to the popularity of this program, we can ONLY accept 20 applicants.

Zoofari is a Riverside Discovery Center education program for youth, ages 14–17, who have an interest in the natural world and in gaining leadership skills. This summer Zoofari students will be able to:

- Assist zookeepers in caring for some of the animals
- Help out with fun summer events
- Learn about Animal Enrichment
- Be trained to handle a diverse collection of education animals
- Engage the public in conservation using education animals and biofacts
- Gain leadership skills, public speaking skills, enhance your resume and have fun fulfilling summer

<mark>Mandatory Training</mark>: June 5th| 10:00am – 12:00pm

Zoofari Dates: June 5th-August 14th Thursdays, Fridays & Saturdays from 10 am-2 pm+Additional opportunities available after Summer

Some event days that fall on Saturdays please stay until 3 pm (Calendar will be given of all event days during the orientation)

#### **Expectations**

The Zoofari program is dynamic and consists of four main volunteer opportunities; zookeeper shadowing, education camps, special events, and discovery stations. Zoofari youth are required to sign up for a **minimum of 15 days** (with the option of doing more), split into the following categories:

ZooKeeper Day 5

Camp Day 2

Event Day 3

Discovery Station 6



Total Required Days 15

Cost: \$120/ members; \$140/ nonmembers			
Applicant's name	Age	Birth date	
Address	City/st	ate	Zip
Phone Number	Applicant's Email	1	
School currently attending		(	Grade
Number of school days missed t	thus far this school year	T	-shirt size
How did you learn about the Zo	ofari program?		
Why do you want to be a part o	f the Zoofari program?		
What other groups/ organization	ons do you belong to?		
What qualities do you possess t	o be an excellent teen volu	ınteer?	
List any other volunteer experie	ences (name of place and w	hat your tasks were)	



Do you have any previous experiences speaking in public or working with animals? If so where?				
Do you have any special needs, requirements or allergies? If yes, please explain				
Parent/ Guardian name(s)				
Parent/Guardian email address				
Daytime phone for guardian	Which guardian?			
Daytime phone for guardian	Which guardian?			
Address of Second Guardian (if applicable)	daytime phone			
City/state Zip				
Parent/ Guardian signature				

Please return this completed form by **June 1stt** to: Riverside Discovery Center c/o Kevin Plath

> 1600 S. Beltline Hwy W Scottsbluff, NE 69361 <a href="mailto:kplath@riversidediscoverycenter.org">kplath@riversidediscoverycenter.org</a> 308-632-2233



**PICTURE RELEASE:** From time to time, pictures are taken of the children doing program activities, for the local newspaper, television station or other promotional material. It is essential to have parental permission before any pictures may be published. Please fill out and sign below.

- € Yes, I give my permission for picture(s) of my child(ren) to be published in the local newspaper, television station, or Riverside Discovery Center promotional material.
- € No, I do not give my permission for picture(s) of my child(ren) to be published in the local newspaper, television station, or promotional material.

Parent/Guardian Signature	

### **Riverside Discovery Center**

#### Hold Harmless Volunteer Agreement

I, the undersigned, upon registering as a participant or as the parent or legal guardian for a volunteer at Riverside Discovery Center, hereby acknowledge the existence of and assume full responsibility for certain risks associated with volunteering, which may cause damages to personal property, or personal bodily injury or death to the participant, and, furthermore, agree to indemnify and hold forever harmless the Riverside Discovery Center, its Board of Directors, employees, volunteers and partners against loss from any claims, demands or actions that may hereafter or at anytime be made or brought against Riverside Discovery Center its Board of Directors, agents and employees, volunteers and partners on account of damage to personal property, or bodily injury or death to the participant sustained in consequence of the aforesaid permitted activity.

Date	Name (printed)
	Signature
	Parent / Legal Guardian of Particinant

