



717 Harmony Dr. Longview, WA 98632

Volunteer Application

Contact Information

Name ~ DOB ~ SSN	
Street Address	
City ST ZIP Code	
Home Phone	
Other Phone	
E-Mail Address	

Availability

During which days/hours are you available for volunteer assignments?

Interests

Tell us in which areas you are interested in volunteering

- Kennel assistant/cleaning
- Internship (College students / Those training for future caretaker positions)
- Field work/Veterinary assistant (veterinary technician license required)
- Fundraising & Events
- Landscaping
- General Grounds Maintenance/ Mowing lawns, weeding, blowing leaves, pressure washing
- Clerical
- Construction
- Other (Please describe)

How did you hear about OPR?

Physical or Mental limitations

Please list any and all medical conditions and any limitations that may require special accommodations or provisions. If none write 'None'.

Previous Work Experience & References

Briefly summarize relevant work &/or volunteer experience. Include employer names & contact info. Include any experience with primates



If applicable, please list any affiliation with other animal welfare organizations below:

Have you ever been arrested or convicted of a crime? YES NO
If yes explain circumstances

References:

- 1.
- 2.

By signing this application, you are granting permission to OPR or its affiliates to conduct a nationwide criminal & civil background check. Initial here _____

Thank you for completing this application and for your interest in OPR volunteer opportunities.

Signature _____ Date _____



Volunteer Agreements & Rules

Name: _____ Phone: _____

Address _____

- I will need to bring my driver's license for identification on my scheduled start date.
- I understand a tetanus booster, yearly TB test, and being fully vaccinated for COVID is required of all participants.
- I understand that I must provide documentation of negative TB test administered no later than 15 days prior to the scheduled start date.
- I will not enter the OPR sanctuary grounds if I am sick with a cough, runny nose, sore throat, cold sores or any other communicable illness including any skin infections. If you are coughing **do not come to work**, even if you think it's an allergy. *You will be sent home!*
- Under no circumstances will I have physical contact with the OPR monkeys unless special circumstances exist, and I have been given prior written authorization from a director. Authorized contact will require attendance of a director. _____ initials
- I understand that for the welfare of the resident primates, I will not be allowed to take any items to **or near** the monkey areas including purses, bags, cameras, lunch boxes, cell phones, etc. (Items may be safely locked in your vehicle while you work.) I will refrain from wearing jewelry items such as wrist watches, rings, or bracelets. If wearing glasses, I will not come within 4 feet of the primates or cross over any safety barriers present.
- I will wear gloves at all times when cleaning and will wear food handling gloves while handling trail mix or other food for the monkeys.
- I will not photograph (still or video) the monkeys or OPR grounds. I understand this is strictly prohibited.
- I will not bring guests or visitors to the OPR facility without prior director approval.
- I understand that the first three months is a probationary period to determine suitability.
- I understand that OPR is an "At Will" establishment and volunteer positions can be terminated at any time by OPR directors.

CONDUCT:

- I will refrain from the following while on OPR grounds:
 1. Running, yelling or any loud noises
 2. Rough-housing
 3. Taunting or otherwise teasing the monkeys
 4. Eating, drinking or chewing gum in front of the monkeys
 5. Bringing personal pets or other animals
 6. Feeding monkeys without director approval.
 7. Smoking except in designated areas
 8. Alcohol or drug use on OPR property *or* being under the influence when you enter the property

Signature _____

Date _____



ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

OPR Coastal Primate Sanctuary

Name: _____ Phone: _____ Date _____

Address _____

DOB _____ SSN _____

I HEREBY ASSUME ALL OF THE RISKS OF VOLUNTEERING AT Oregon Primate Rescue, DBA: “OPR Coastal Primate Sanctuary” (OPR), including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I acknowledge that this Accident Waiver and Release of Liability Form will be used by OPR, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to volunteer at this sanctuary, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

A. I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this Sanctuary, THE FOLLOWING ENTITIES OR PERSONS: Oregon Primate Rescue, DBA: “OPR Coastal Primate Sanctuary”, (OPR) and/or their directors, officers, employees, volunteers, representatives, and agents, and the Sanctuary, sponsors, and volunteers;

B. INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this document from any and all liabilities or claims made as a result of volunteering at this Sanctuary, whether caused by the negligence of release or otherwise.

I acknowledge that OPR and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that volunteering at OPR may involve exposure to risks and understand this carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by primates, wildlife, terrain, facilities, temperature, weather, equipment, lack of hydration, and

actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers at the Sanctuary. These risks are not only inherent to participants but are also present for volunteers.

I acknowledge that I am required to abide by all directions and training presented by staff regarding OPR primates, to include, but not limited to, not teasing, taunting, or intimidating the primates in any manner. In addition, I further understand this sanctuary is a private location, and not open to the general public with the exception of private scheduled tours. Furthermore, I hereby acknowledge that I have received adequate information regarding volunteer activity at this Sanctuary.

I hereby consent to receive medical treatment at my own expense which may be deemed advisable in the event of injury, accident, and/or illness while volunteering at OPR.

Emergency Contact _____

I understand while volunteering at this Sanctuary, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the Sanctuary holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

Upon signing this document I further authorize OPR and/or any of its affiliates to conduct a complete background check including but not limited to a nationwide criminal history check.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature

Date