

2012 Kings Island Group Worker Acknowledgment & Sign Off

Organization Name: _____ Date: _____

Volunteer Name: _____ Date of Birth: _____

Driver License #: _____ Issuing State: _____

I certify that I am at least eighteen (18) years of age and with regard to Kings Island rules and regulations, I agree to abide by all such rules and regulations, including keeping my ID on my person at all times while on Kings Island property. **I have read and understand the Group Volunteer Guidebook.**

Cash Handling Policy

I affirm that I will adhere to Kings Island's cash and security standards, and that I will not have any personal belongings on my person at any point during my shift. I understand that if any money, Park tickets, or other items are found on my person, they will become the property of Kings Island. I also understand that I will be subject to further disciplinary action, from ever being eligible to participate in the Volunteer Program again, up to and including prosecution.

Security Investigations and Inspections

I understand and agree that I, and the personal effects I own or control, am subject to inspection upon entrance to, and exit from, or while at Kings Island. I also understand that that an authorized representative of Kings Island's Security Department may inspect, at its discretion, any areas in or property on Kings Island, including personal vehicles and lockers provided for my use.

Restrictions on Playing Games

I understand that I am prohibited from playing any of Kings Island's games of skill where any prizes, coupons, tickets, or tokens are awarded, including prior to or after my assigned shift for the day, or during my break. I further understand that if I violate this policy, **any prizes that I have won will be confiscated and no amount of money spent playing the games will be refunded to me.**

Purchasing of Food or Merchandise

I understand that all food or merchandise must be paid for, and a valid receipt or materials release form, signed by the location's supervisor, must be presented to Security on my way out of Kings Island. **Should I not be able to provide the receipt or release form, the food or merchandise will be confiscated and no refund will be given.**

Hazardous Communication Information

Kings Island is firmly committed to providing its associates and volunteers with a safe and healthy work environment. Volunteers may come in contact with chemicals and hazardous materials such as window cleaners, detergents, etc. For safety reasons, volunteers will be trained on the use of such chemicals, but must make sure to read labels, follow warnings and instructions, and use protective equipment (goggles and gloves), when required. The entire written Hazard Communications Program is available for any volunteer to review. The material safety data sheets are maintained at First Aid and may be reviewed in that location. If you have questions, concerns, or need further information about the Hazardous Communications Program at Cedar Fair, please contact our Safety Department at the in-park extension 5855.

KI Appearance Standards and Grooming Guidelines

I understand that I will need to be in compliance with Kings Island's Appearance Standards and Grooming Guidelines each time I work at the park. I also understand that if I do not meet the appearance standards, I will be sent home and not allowed to work my shift, causing my group to lose my hours for the day.

Appearance Standards include: wearing a white, collared polo style, non-logo shirt that will be tucked in; khaki shorts or pants worn at the waist with a belt; and gym shoes, either solid white or black, with socks. Jewelry, cologne, and / or cosmetics must be minimal. Hair must be clean, neat, natural in color, and well groomed. For safety reasons, certain departments may require longer hair to be restrained by a hat or hair net. Visible body piercings and tattoos are not permitted. Nail polish should not be worn. Due to Board of Health regulations, the Food Service Department cannot allow a volunteer to work if they have artificial nails. All male volunteers should be clean shaven. Beards, goatees, and sideburns are not permitted.

Should you have any questions or concerns, please contact your Group Leader, they have been given a complete list of Appearance Standards and Grooming Guidelines.

Food Borne Illnesses

| <u>Diseases</u> | <u>Symptoms</u> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Salmonella spp. Shigella spp. Escherichia Coli Hepatitis A Virus Entamoeba Histolytica Campylobacter spp. Vibrio Cholerae Cryptosporidium Cyclospora Giardia Yersinia | Diarrhea Fever Vomiting Jaundice Sore throat with fever Lesion containing pus such as a boil or infected wound that is open and draining |

As a Food Service Employer, new Ohio Revised Code (sec 3717-1-02.1) requires that you inform us if you have been diagnosed with any of these, or had contact with anybody who has been diagnosed with any of these, as they are transmissible through food. If so, please privately inform the Group Volunteer Coordinator.

Also, if you have been involved in, whether being exposed to or causing, a confirmed food borne disease outbreak caused by S. Typhi, Shigella spp., E. Coli O157:H7, or Hepatitis A virus at a family meal, church event or festival due to either you preparing food implicated in the outbreak, consuming food implicated in the outbreak, or consuming food prepared by a person who is infected or ill with the infectious agent that caused the outbreak, please let your supervisor know immediately. Finally, if you live in a household with a person who is diagnosed with a disease caused by S. Typhi, Shigella spp., E. Coli O157:H7, or Hepatitis A, or with a person that works in an environment that has had a confirmed outbreak of these diseases, please inform your Group Volunteer Coordinator immediately.

Your signature below indicates that you have read and understand everything that is listed above, and that you will notify your Supervisor immediately should any of the above circumstances apply to you while volunteering with us.

Volunteer's Name (Please Print)

Volunteer's Signature

Date