



# Volunteer Application Form

Applicant's Name	
Address	
City/State/ZIP	
Home Phone ( )	E-mail
Work Phone ( )	Birth Date <i>(optional)</i>

### EMPLOYMENT INFORMATION

Current Employer
Title or Job Description

### OTHER RELEVANT EXPERIENCE (school, work experience, etc.)


Are you currently in school? \_\_\_\_\_

Why are you interested in becoming a volunteer?

\_\_\_\_\_

Do you have other volunteer experience?

\_\_\_\_\_

Do you have any special talents or interests that we should know about?  
(i.e. other languages, crafts, photography, carpentry, teaching, etc.)

Do you have any conditions or restrictions of which we should be aware  
(allergies, medications, etc.)? \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Are you currently a member of the zoo? \_\_\_\_\_

How did you hear about the volunteer program? \_\_\_\_\_

Please indicate your area of interest and availability below.

- |   |       |                |                                    |
|---|-------|----------------|------------------------------------|
| <input type="checkbox"/> Docent         | _____ | Days per Week  | <input type="checkbox"/> Monday    |
| <input type="checkbox"/> Zoo Ambassador | _____ | Days per Month | <input type="checkbox"/> Tuesday   |
|   |       |                | <input type="checkbox"/> Wednesday |
|   |       |                | <input type="checkbox"/> Thursday  |
|   |       |                | <input type="checkbox"/> Friday    |
|   |       |                | <input type="checkbox"/> Saturday  |
|   |       |                | <input type="checkbox"/> Sunday    |

**References**

Name	Phone
Name	Phone

By signing below I understand an orientation and interview must be completed before I am eligible for acceptance to the Friends of the Zoo volunteer program. Furthermore, I agree to follow the policies outlined in the Volunteer Manual. I authorize Dickerson Park Zoo and Friends of the Zoo to take any steps to insure my health in an emergency. I also authorize Friends of the Zoo to use my name and/or photograph for public relations purposes related to the zoo. I also understand volunteers must be at least 18 years old.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
<input type="checkbox"/> Application received	_____
<input type="checkbox"/> Called for interview	_____
<input type="checkbox"/> Interview Date & Time	_____
<input type="checkbox"/> Background Check	_____
<input type="checkbox"/> Accepted	_____
<input type="checkbox"/> Not Accepted	_____
<input type="checkbox"/> Volunteer Manual	_____
<input type="checkbox"/> Name badge	_____
<input type="checkbox"/> Uniform shirt	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

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