

Volunteer Application

PLEASE PRINT CLEARLY (only a complete application will be considered)

Name _____

Are you over 18 years of age? Yes No (if no, are you over 14 years of age?) Yes No **Volunteers must be at least 14-years-old.**

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____ Fax Number _____

WORK STATUS

Working Not Working Retired

Current employer or organization from which you retired _____

Job Title _____

Does your company offer Matching Grants for your volunteer efforts? Yes No I don't know?

Student

Name of school or college _____

INTERESTS/EXPERIENCE (check at least one that applies) Please visit philadelphiazoo.org for program descriptions.

Adults	High School Students
<input type="checkbox"/> Docent	<input type="checkbox"/> Conservation Steward
<input type="checkbox"/> Hospitality Team	<input type="checkbox"/> AFZ Camera Club
<input type="checkbox"/> Administration/Office	<input type="checkbox"/> Children's Zoo
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

High School Students
Attach two letters of reference and a copy of your latest report card.

High School Internship (Junior and Senior projects only)

Junior Ambassador

Summer Camp Counselor (16 and older)

For information on the Junior Zoo Apprentice Program (JZAP), please call 215-243-5310.

Please describe any volunteer experience including organization names and locations.

Have you ever worked or interned/volunteered at the Philadelphia Zoo? When? _____

How did you hear about the Zoo's volunteer program? _____

Why do you want to volunteer at the Zoo? *(This section must be completed)* _____

AVAILABILITY

I am available to volunteer starting (date) _____ until _____ Or for an indefinite period of time.

I am interested in volunteering (select one) _____ days per week _____ days per month _____ other

Days available Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours available Morning Afternoon

SPECIAL SKILLS (optional — check all that apply)

<input type="checkbox"/> Fluency in (language) _____	<input type="checkbox"/> Sign language	<input type="checkbox"/> Working with children
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Office/Clerical	<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Managerial	<input type="checkbox"/> Other _____	

REFERENCES

Please list two professional references (i.e. employer, supervisor, professor, teacher), along with their title and organization.

1 Name _____	Relationship _____
Email _____	Work Phone _____
2 Name _____	Relationship _____
Email _____	Work Phone _____

EMERGENCY CONTACT INFORMATION

Contact Name _____	Relationship _____	
Home Phone _____	Work Phone _____	Cell Phone _____
Alternate Contact Name _____	Relationship _____	
Home Phone _____	Work Phone _____	Cell Phone _____

Since reaching the age of 18, have you ever been convicted of a crime, including felonies and misdemeanors but excluding summary offenses such as speeding tickets, which has not been annulled, expunged, or sealed by a court? Yes No

If "Yes", please describe in full detail including date(s), location(s), and the nature of the offense(s)*

*A conviction record will not automatically result in your disqualification for volunteering; felony and misdemeanor convictions will be considered only to the extent they relate to the volunteer position for which you may be considered. However, failure to disclose a conviction and/or mischaracterization of a conviction will result in your ineligibility for volunteering and/or termination of volunteering (even if the conviction would not have barred your eligibility for volunteering had it been properly disclosed).

VOLUNTEER SIGNATURE

I understand that as a volunteer I will not receive monetary compensation or benefits for my services.
I give my consent to be photographed in volunteer activities and for the photographs to be used for Zoo purposes.

Signature _____ Date _____

PARENT OR GUARDIAN SIGNATURE (for volunteers 14-17 years old)

I have read and understand this application and give my child permission to volunteer at the Philadelphia Zoo. Further, I give my permission for the Zoo to administer first aid or to arrange for medical treatment should my child become injured while volunteering at the Zoo. I give my consent for my child to be photographed in volunteer activities and for the photographs to be used for Zoo purposes.

Signature _____ Date _____

To apply, complete this application and mail it to: **Philadelphia Zoo
Zoo Volunteer
3400 West Girard Avenue
Philadelphia, PA 19104-1196**

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Process Level	Date	Process Level	Date	Process Level	Date
Application Received		Orientation Scheduled		Started at Zoo	
Copies: Sent to		Orientation Attended		Terminated	
Dept:		I.D. Photo Taken		Exit Interview	
Dept:		I.D. Photo Given Out		I.D. Photo Returned	
Initial Interview		Census:		Assignment:	