



# Volunteer Application

## Contact Information

Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
Address \_\_\_\_\_ Apt# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone number \_\_\_\_\_ email \_\_\_\_\_  
Are you a member of the Niabi Zoological Society? \_\_\_\_\_  
How did you learn about volunteer opportunities at Niabi Zoo? \_\_\_\_\_

What type(s) of volunteering opportunities interest you at Niabi Zoo? \_\_\_\_\_

*Please note: All animal husbandry applicants will be required to become a member of the Niabi Zoological Society.*

## In Case of Emergency, Notify

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

Do you have any physical or mental conditions which should be considered in arranging volunteer assignments? (include allergies to plants, animals, etc)

Have you ever been convicted for a violation of a federal, state, county, municipal law, regulation, or ordinance? Do not include misdemeanors or traffic violations. If yes, please explain: \_\_\_\_\_

## Volunteer Experience

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_  
Length of Service: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Describe responsibilities: \_\_\_\_\_

Why did you stop volunteering? \_\_\_\_\_

## Statement of Non-Discrimination

The Niabi Zoo provides programs that are accessible to the public without regard to race, color, national origin, sex, age, religious or political affiliations, disability, or status as a disabled or Vietnam-era veteran.

# Employment

Occupation: \_\_\_\_\_

Name of current or most recent employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Briefly describe your job duties: \_\_\_\_\_

Have you ever been employed at the zoo? \_\_\_\_\_ If yes, when and what position?

Do you have any friends or relatives employed at the zoo? (name and relationship)

# Character References (three adults, not relatives, you have known for at least one year)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_