



PHILADELPHIA ZOO

3400 West Girard Avenue
Philadelphia, PA 19104-1196
www.philadelphiazoo.org

Volunteer Office 215-243-5200

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 _____ Cell Phone _____ Work Phone _____

E-mail Address _____ Fax Number _____

Work Status

Working **Not Working** **Retired**

Current employer or organization from which you retired _____

Job title _____

RSVP agency (if applicable) _____

Student

Name of school or college _____

Special Skills/Experience (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 _____ | |

Interests (check at least one that applies)

Please visit www.philadelphiazoo.org for program descriptions.

Adults

- Docents
- Hospitality
- AFZ Camera Club
- Administration/Office
- Children's Zoo
- Volunteer Ambassador
- 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
- Administration/Office
- Summer Camp Counselor (16 and older)
- Birds of Australia (16 and older)
- Other _____

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

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

Emergency Contact Information

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

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

Please list two professional references (i.e. employer, supervisor, volunteer supervisor, professor, teacher)

1. Name _____ Relationship _____
Home Phone _____ Work Phone _____
2. Name _____ Relationship _____
Home Phone _____ Work Phone _____

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

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

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**

For Official Use Only

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: _____	