

RACINE ZOO VOLUNTEER APPLICATION

DATE: _____

NAME: _____ ARE YOU 18 OR OLDER? _____
(If no, please consider applying for our volunteen program)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE#: _____ BEST TIME TO CONTACT YOU: _____

EMAIL ADDRESS: _____

LIST ANY PREVIOUS EMPLOYMENT OR VOLUNTEER EXPERIENCES RELEVANT TO THE POSITION
YOU ARE APPLYING FOR : _____

LIST YOUR HOBBIES AND INTERESTS: _____

WHY ARE YOU INTERESTED IN VOLUNTEERING AT THE ZOO? _____

IN CASE OF EMERGENCY, WE SHOULD CONTACT: _____

DAYTIME PHONE#: _____ RELATIONSHIP: _____

LIST ANY PHYSICAL OR MEDICAL LIMITATIONS, INCLUDING ALLERGIES: _____

PHYSICIAN NAME: _____ PHONE: _____

DENTIST NAME: _____ PHONE: _____

IN AN EMERGENCY, IF THE DESIGNATED CONTACT OR PHYSICIAN/DENTIST CANNOT BE REACHED, I AUTHORIZE THE RACINE ZOO TO TRANSPORT AND/OR OBTAIN MEDICAL SERVICES FROM A DOCTOR OF ITS CHOICE.

SIGNATURE: _____ DATE: _____

PLEASE RANK YOUR AREA OF INTEREST (1=FIRST CHOICE, 2=SECOND CHOICE, ETC.):

_____ EDUCATION PROGRAMS

_____ ANIMAL CARE

_____ SPECIAL EVENTS

_____ GIFT SHOP

_____ MAINTENANCE

_____ GROUNDS/HORTICULTURE

_____ OFFICE SUPPORT

VOLUNTEERS ARE NEEDED EVERY DAY OF THE WEEK, INCLUDING WEEKENDS. PLEASE LIST YOUR DAY(S) OF PREFERENCE:

___ SUN ___ MON ___ TUES ___ WED ___ THUR ___ FRI ___ SAT

WHEN ARE YOU AVAILABLE TO BEGIN VOLUNTEERING AT THE ZOO? _____

PLEASE SEND THIS APPLICATION TO:

RACINE ZOOLOGICAL SOCIETY
200 GOOLD STREET
RACINE, WI 53402-4795

I GIVE MY PERMISSION FOR MY PHOTOGRAPH TO BE USED FOR PUBLIC RELATIONS PURPOSE.

SIGNATURE: _____ DATE: _____