

That's My
Volunteer Application



RACINE ZOO

Date _____

Name _____ Age _____

Address _____ City _____ State _____ Zip _____

Phone number _____ Best time to contact you _____

E-mail Address _____

List any previous employment or volunteer experience _____

List your hobbies and interests _____

Why are you interested in volunteering at the Racine Zoo? _____

In case of emergency, we should contact _____

Daytime phone _____ Relationship _____

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 days of preference:

_____ Sunday _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday

When are you available to begin volunteering at the Racine Zoo? _____