



VOLUNTEER APPLICATION

Volunteers are important to the operations of the Zoo. By joining the Zoo Crew we ask for a minimum of four hours a month. We rely on committed and dedicated volunteers to help with day to day operations as well as special events.

Name _____ Date _____

Address _____

Phone _____ Email _____

How many hours would you like to volunteer? _____ Weekly Monthly

Are you over 18? _____

Please describe your experience with animals _____

How did you hear about our volunteer program? _____

Do you belong to any animal activist groups such as Peta or HSUS? _____

Do you have any health problems that would restrict your work at the zoo? _____

Details _____

Please indicate areas in which you would most enjoy working:

_____ Feeding/Cleaning/Enrichment

_____ Contractor/Building

_____ Working with the public

_____ General Office/Research

_____ School Field Trips/Tours

_____ Grant Writing

_____ Landscaping/Gardening

_____ Advertising/Public Relations

Emergency Contact: Name _____

Phone # _____

1. What are your reasons for becoming a volunteer (Besides loving and wanting to work with animals)_____

2. What knowledge skills do you possess that you feel will be of benefit to the zoo?

3. What knowledge or skills do you feel the zoo can provide for you?

4. What is your vision for the future of the zoo and your participation in that vision?

5. As in all organizations, Sierra Nevada Zoological Park will sometimes run into problems with volunteers or just day to day operations. How willing are you to become involved in finding solutions to these problems?

6. When working with animals there is always the possibility that animal will pass away, either due to age illness or accident. It is a reality of this job. How does this affect your decision to volunteer at the zoo?

I understand there are certain risks involved in working with animals and that I am responsible for my own safety while volunteering at Sierra Nevada Zoological Park. I understand the importance of showing up as scheduled, and that failure to do is cause for dismissal from the program.

Signature _____ Date _____