



ZOO TEEN APPLICATION

Returning Zoo Teen – 2017

To be filled out by the applicant, not parent/guardian.

PERSONAL INFORMATION

Please check your preferred method of contact.

Name: _____

Address: _____

Telephone number: _____ Email: _____

Age as of January 1st: _____ Birthday: _____

Parent/Guardian Name: _____

Parent/Guardian Telephone number: _____

Parent/Guardian Email: _____

SUMMER AVAILABILITY

Please indicate the day(s) you are available to volunteer:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Zoo Teens are expected to volunteer for two of our summer events. Can you commit to at least two event days? Yes No

Summer Event Days

May 20th Member Appreciation Day 9:30-12:30 or 12-3pm

June 14th Dream Night 4-7pm

July 15th Ice Cream Safari 9-1 pm

By applying for the Zoo Teen program, I understand that I am expected to pay the program fee, attend all orientation/training and complete all other program requirements including submitting required health records.

Applicant Signature _____ Date: _____

Parent/Guardian Signature* _____ Date: _____

Print Parent Name _____

*Your signature indicates approval for your child's participation in the Zoo Teen Program.

Applications due by April 30, 2017. Email to education@jacksonzoo.org.