

ZOO TEEN APPLICATION

New Zoo Teen - 2017

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

Thank you for your interest in volunteering with the Jackson Zoo.

Zoo Teens accepted agree to adhere to all codes of professional conduct, rules, and procedures of the Jackson Zoological Park. This application must be completed and returned by April 30, 2017.

PERSONAL INFORMATION

Please check your preferred method of contact.

Name:	
☐ Telephone number:	
Age as of January 1 st :	Birthday:
Parent/Guardian Name:	
□ Parent/Guardian Telephone number:	
□ Parent/Guardian Email:	
Interests	
If you need more room to answer these questi	ions please attach a separate sheet.
How did you hear about the Zoo Teen progra	am?
Career interest(s):	
What other activities do you participate in tha	at require regular time commitment (sports, clubs, etc)?
Please list interests, special skills, hobbies, etc	D.

If you coul	ld be an animo	al, what woul	d you be and wh	λŚ				
What expe	eriences do you	u have workir	ng with animals (i	ncluding pets)	, children, o	r community w	ork?	
	R AVAILABILI icate the day(s		iilable to voluntee	er:				
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Zoo Teens days?	are expected ☐ Yes	to volunteer f □ No	for two of our sun	nmer events. C	Can you com	nmit to at least	two event	
Su	mmer Event D	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				
program	_	orientation/	am, I understand training and con					
Applicant Signature					D	Date:		
Parent/Guardian Signature*					D	Date:		
Print Parer	nt Name							
*Your sign	ature indicates	approval for	your child's part	icipation in the	Zoo Teen P	Program.		