



# ZOO TEEN APPLICATION

*Thank you for your interest in volunteering at the Jackson Zoo!*

Zoo Teens that are accepted also agree to adhere to all codes of professional conduct, rules, and procedures of the Jackson Zoological Park. Please complete this form and return as soon as possible. Each year's Zoo Teen program starts mid-May, so applications must be submitted by end of April.

## PERSONAL INFORMATION

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Birthday \_\_\_\_\_

Age as of January 1st \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

How did you hear about the Zoo Teen Program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Career Interest \_\_\_\_\_

Other Options \_\_\_\_\_

Other Extra-curricular activities that affect your schedule \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### INTERESTS, SPECIAL SKILLS, HOBBIES, ETC.

If you could be any animal, which one and why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you worked with animals and/or children before? Where, and for how long? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### AVAILABILITY

\_\_\_\_\_ Sunday      \_\_\_\_\_ Monday      \_\_\_\_\_ Tuesday      \_\_\_\_\_ Wednesday  
\_\_\_\_\_ Thursday      \_\_\_\_\_ Friday      \_\_\_\_\_ Saturday

### CAN YOU WORK

\_\_\_\_\_ Dream Night (1st Friday June)  
\_\_\_\_\_ Blue Bell Ice Cream Safari (2nd Saturday July)  
\_\_\_\_\_ International Tiger Day July 28th

*By applying for the Zoo Teen Program, I understand that if I am accepted, I am expected to attend all orientation and training sessions, fulfill hourly requirements, and be dependable. I also understand that I am responsible for making sure that I am up to date on Tuberculosis and Tetanus innuculations, which are required before handling any ambassador animals.*

\_\_\_\_\_  
Applicant Signature      Date

\_\_\_\_\_  
Parent/Guardian Signature\*      Date

\_\_\_\_\_  
Parent/Guardian Print Name

\* Your signature indicates your understanding and approval of your child's participation in the Jackson Zoo Zoo Teen Program.

**IN ADDITION TO THIS FORM, TWO LETTERS OF REFERRAL/RECOMMENDATION ARE REQUIRED TO BE CONSIDERED FOR APPROVAL. PLEASE SEND ALL COMPLETED FORMS BY MAIL (JACKSON ZOO, ZOO TEENS, 2918 WEST CAPITOL STREET, JACKSON MS 39209), EMAIL TO MLINN@JACKSONZOO.ORG, OR FAX TO 601-352-2594.**