



Thank you for your interest in the **Scovill Zoo Teen II** Program.  
Once you have completed your application packet, please bring it in a sealed envelope to the zoo or mail it to

Zoo Teens  
Scovill Zoo  
71 S. Country Club Road  
Decatur, Illinois 62521

Remember: in order to be considered for a position as a zoo teen, your completed application (including this application form, your answers to the essay questions, and two recommendation letters) must be received by Monday, April 15<sup>th</sup> 2024 at 4:00PM.  
Fee: \$90 (\$80 with resident discount) \*\$5 off with a membership  
Payment isn't due until your application is approved.

Thank you for your application!

### Personal Information

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City Zip

Phone \_\_\_\_\_  
Home Cell

Email \_\_\_\_\_

Birthday \_\_\_\_\_ Current Age \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
Month/Day/Year

### Emergency Contacts (Parent/Guardian preferred)

<b>1</b>	<b>2</b>
Name _____	Name _____
Phone _____	Phone _____
Email _____	Email _____
Relationship _____	Relationship _____



### Experience

Please list up to 3 past work or volunteer experience(s) you have had below (i.e. conservation organization leadership, teacher aide, babysitting, pet-sitting, etc...). Include the location, one sentence on what you did, and the approximate dates for each.

1 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Reference Letters

Give us some information about the two non-related adult references you have chosen to write your recommendation letters.

<b>1</b>	<b>2</b>
Name _____	Name _____
Phone _____	Phone _____
Email _____	Email _____
Relationship _____	Relationship _____

### Hearing about the program

How did you hear about this program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Essay

Please take the time to fully answer all of the following questions in your own words. We suggest you **write or type them in a separate document** and attach your answers onto this form. Answers to all questions are required.

### #1

There are many places you could choose to volunteer; why have you chosen Scovill Zoo?

### #2

What do you believe makes you stand out more than other applicants?

### #3

What do you hope to accomplish by the end of the summer?

### #4

What experiences do you have interacting with different age groups (children, adults, and other teens) and what skills can you bring to help the zoo spread its animal and conservation messages?

### #5

Teen volunteers are required to work with adults and other teens. Please share with us any experiences you have had that demonstrate your ability to work as part of a team, especially with teens and adults.

## Training Sessions

If chosen as a Zoo Teen you will be required to volunteer at least 3 hours a week until the end of summer.

Are you able to commit to these times? (Please note: An answer is required for your application to be complete.)

YES

NO (please explain)

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## **Zoo Teen Volunteer Agreement**

In consideration for being accepted as a volunteer by Scovill Zoo Zoo Teen Program agree as follows:

1. At-Will Relationship. Even though I have made a commitment to serve as a volunteer for at least one summer, I understand that my status as a volunteer may be terminated at any time by me, or by the zoo for any reason, with or without cause.
2. No Employee Benefits. I shall not be considered an employee for any purpose, and no health, accident or workmen's compensation insurance, nor any other type of employee benefits, shall be provided for me by Scovill Zoo.
3. Training. I understand that certain volunteer activities require special training. I shall not undertake such activities without the required training. I also understand that my volunteer activities will not qualify me as an animal keeper and will not lead to a paid position.
4. Rules. I shall read and abide by all of the policy and procedures concerning volunteers.
5. Auto Insurance. I shall not operate a personal automobile for volunteer activities unless I have at least the minimum amount of liability insurance required by Illinois law.
6. Confidential Information. I understand that information obtained through my work as a volunteer may be considered privileged or proprietary information. I agree to keep all such information confidential except to the extent disclosure of such information is expressly authorized. In particular, I agree to make no statements or release any information about the Zoo to any news media except as expressly authorized by the Zoo.
7. Assumption of Risk. I understand that handling Zoo animals is potentially dangerous because they are wild animals whose actions are unpredictable regardless of past behavior. If I should elect to be trained to handle animals, I assume all risks of handling animals including, but not limited to, being bitten, clawed or otherwise injured.

I understand that I, by signing this agreement, agree to all presented information. Also, if accepted into the Teen Volunteer Program, I understand that my parent/guardian will need to sign the following consent form for my participation in this program.

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Signature

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Date



For Parents:

**1. Waiver & Release of All Claims and Assumptions of Risk**

Please read this form carefully and be aware that in signing up and participating in this program, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program, including transportation services and vehicle operations when provided. I recognize and acknowledge that there are certain risks of physical injury to participate in this program, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program against the Decatur Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred to as "Decatur Park District").

**2. Photo Disclaimer:** I understand that my child/ward or I may be photographed or videotaped while participating in a Decatur Park District program. I give my permission for photos and videotapes of my child/ward or me to be used to promote the Park District. Such photos and videotapes will remain the property of the Decatur Park District. I do hereby fully release and forever discharge the Decatur Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way this program/activity. I have read and fully understand the above waiver and release of all claims and assumptions of risk.

I agree that my child has my permission to participate in the Scovill Zoo Zoo Teen Volunteer Program, my child has read and understands the time commitments, and my child is capable of following the Scovill Zoo's policies and procedures.

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Parent/Guardian Signature

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Date