





## **Adult Volunteer Application**

| Name:   |                |               |                                 | Date:   |          |             | _           |  |
|---|----------------|---------------|---------------------------------|---|----------|-------------|-------------|--|
| Home Phone:   |                |               |                                 | Cell/Work Phone:  |          |             |             |  |
| Address:  |                |               | City/State:                     |   |          |             |             |  |
| Should you  | ur application | n be accepted |                                 | t this information<br>address, email, a                                 |          |             |             |  |
| Emergei   | ncy Conta      | ct Informa    | ation:                          |   |          |             |             |  |
| Name: Pho<br>Name: Pho<br>Please note any medical concern |                |               | Phone:<br>Phone:<br>cerns or ph | Relationship: Relationship: physical limitations we need to know about: |          |             |             |  |
| Backgro   | und Infor      | mation:       |                                 |   |          |             |             |  |
| Driver's License # Current or most recent employer:       |                |               |                                 |   |          |             | Expiration: |  |
| Supervisor: Phone:  |                |               |                                 |   |          |             |             |  |
| Please lie  | st three ret   | ferences (n   | not related t                   | o von)  |          |             |             |  |
| NAME  |                | ,             | Phone                           | Relationship  |          | Years known |             |  |
|   |                |               |                                 |   |          |             |             |  |
|   |                |               |                                 |   |          |             |             |  |
| Please lis  | st the days    | and times     | you are a                       | /ailable to volu  | inteer   | 1           | ,           |  |
| START<br>END  | SUNDAY         | MONDAY        | TUESDAY                         | WEDNESDAY   | THURSDAY | FRIDAY      | SATURDAY    |  |
| List any <sub> </sub>                                     | orevious v     | olunteering   | experienc                       | e:  |          |             |             |  |
| Do you h  | ave any e      | xperience I   | handling ar                     | nimals?   |          |             |             |  |
| What are tours)?  |                | •             |                                 | d in volunteeri   | • ,      | ousel, mo   | bile zoo,   |  |