

Washington Park Zoo Volunteer Application

We need the following information so you can begin to share your talents!
Please print in ink and answer all questions:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Phone: _____

Email Address: _____

Age: _____ Birthday: _____

EDUCATION

Are you in school? (Check one:) Yes No

If yes, what school do you attend: _____

WORK EXPERIENCE (Please be brief and clear)

Current employer: _____

Previous Work Experience: _____

Volunteer Experience: _____

INTEREST AND SKILLS

Why do you want to be a Volunteer?

Do you have any special skills or talents?

Have you ever been convicted of a crime? _____

If yes, please list the date and offense: _____

Program that you are applying for:

- Keepers Aide
- Horticulture Volunteer
- Special Events Support
- Other: _____

What days of the week would you be willing to be at the Zoo?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

How many hours a month would you like to volunteer? _____

Please list an emergency contact person:

Name: _____ Relation to you: _____

Number: _____

For safety and emergency information: Do you have Any allergies, medications, phobias that may need to be noted: _____

Signature: _____ Date: _____

Signature of Parent or Guardian: _____
(if Volunteer is under 18 years of age)

Washington Park Zoo
Hold Harmless Statement

I, the undersigned, as a Volunteer at the Washington Park Zoo, agree to hold the City of Michigan City, the Washington Park Zoo, the Michigan City Zoological Society and all officials and agents thereof harmless from and against all loss, damages, claims, costs and expenses arising out of, connected with or resulting from any act, omission or other occurrence causing or inflicting injury and/or damage to my person or property, happening or done in or upon or about the Washington Park Zoo premises and related event sites arising out of my activities while assisting at the Washington Park Zoo.

Signature: _____ Date: _____

Please Print your name for recognition purposes

Signature of a Parent or Guardian: _____
(if Applicant is under the age of 18):