



2009 ADULT VOLUNTER APPLICATION

1100 Trevilian Way • Louisville, KY 40213 • (502) 459-2181

(Please Print)

- Mr. Miss Mrs. Ms.
- Jr. Sr. Dr II III IV__

NAME _____ **NICKNAME** _____

Home Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Birthdate _____ Are You a Zoo Member? (Circle) Yes / No

Driver's License No. _____ State _____ Expiration _____

EMPLOYMENT

Occupation _____

Employer _____

Business Address _____

Skills and Special Interests _____

EDUCATION (LIST ANY ATTENDED):

College _____

High School _____

Other _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____ Relationship (Parent, Spouce, etc.) _____

Phone (Home) _____ Phone (Work) _____

Have you had experience working with youth in other organizations? (Please describe)

Please list your community affiliations (churches, clubs, other organizations).

How did you hear about the Volunteer Program at the Louisville Zoo?

Why are you interested in Volunteer Service?

Do you have any special needs? If so, please list so we may assist you.

REFERENCES:

Please list those who are familiar with your character as it relates to working with youth or adults. References will be checked.

(#1) Name Address Zip Phone

(#2) Name Address Zip Phone

ADDITIONAL INFORMATION:

- a. Do you use illegal drugs? YES NO
 - b. Have you ever been convicted of a criminal offense? YES NO
 - c. Have you ever been charged with child neglect or abuse? (If yes, explain below) YES NO
 - d. Has your driver’s license ever been suspended? YES NO
 - e. Have you ever been cited for a moving traffic violation? (If yes, write the date and disposition of the citation below) YES NO
- Other than the above, is there any fact or circumstance involving your background that would call into question your being entrusted with the supervision, guidance and working with young people (If yes, explain below) YES NO

TYPES OF VOLUNTEER OPPORTUNITIES AVAILABLE

(job duties will be explained in detail during interview). Please check one or more areas that interest you.

- Animal Area
- Animal Health Center
- Day Camp
- Docent (Training required)
- Gift Shop
- Guest Service (ticket taking, greeting)
- Horticulture
- Membership
- MetaZoo Education Center
- Special Events
- Splash Park

SCHEDULE

Please check the day you would be available to volunteer (MUST BE AVAILABLE AT 8:00 A.M.)

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

I UNDERSTAND THAT:

- a. The information that I have provided may be verified, if necessary, by contacting persons or organizations in this application, or by contacting any person or organization that may have information concerning me with the exception of sealed records or information retained by juvenile court. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the Louisville Zoo, employees, and volunteer thereof.
- b. In signing this application, I have read the attached information and apply for registration with the Louisville Zoological Garden. I agree to be guided by the rules and regulations of the Louisville Zoological Garden. I affirm that the information I have given on this form is true and correct.

Signature _____ Date _____

PLEASE NOTE: AN UPDATED TB TEST IS REQUIRED BEFORE VOLUNTEERING