



Volunteer Application:
To be filled out by the applicant, not the parent/guardian

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Age: _____ Birth Date: _____

Email: _____

Parent Email (For Application Information): _____

School: _____ Grade Next Fall: _____

What are your favorite school subjects? _____

List any previous employment or volunteer experience: _____

List your hobbies and interests: _____

What is your favorite animal? _____

In case of emergency the Racine Zoo should contact: _____

Day Phone: _____ Evening Phone: _____ Relationship: _____

List any physical or medical limitations including allergies: _____

Volunteers are needed every day of the week, including weekends. Please list your day(s) of availability.

____Sun ____Mon ____Tues ____Wed ____Thurs ____Fri ____Sat

I cannot work on _____.

When are you available to begin the Zoo's Volunteer program?

This application must be completed by the applicant, not by the parent. Those completed by the parent will be disqualified. Please notify the Zoo if there are special circumstances that do not allow the Volunteer to complete the application.

Volunteers are accepted once a year. All application materials MUST be received by May 1st. You must be available for an interview on May 16th. If accepted into the volunteer program you must be available for the mandatory training session on June 11th at 6:30 pm.

Please send the application, along with one written recommendation from a teacher on school letterhead, and a typed paragraph on why you want to be a Racine Zoo Volunteer to:

Racine Zoo
Attn: Conservation Education
200 Goold Street
Racine, WI 53402

The written recommendation should address the following: your dependability, leadership abilities, ability to deal with people, willingness to learn, and your self motivation.

For the parent(s) or guardian(s):

Please read and sign the following:

I, _____, give my permission for my child to participate in the Racine Zoo's Volunteer program.

Signature: _____

Date: _____ Relationship to Applicant: _____

Are there any special needs or concerns we should be aware of with your child?

Applicants will receive a confirmation email within seven business days of submitting their application. Please call 262-636-9580 or email ahill@racinezoo.org if you do not receive an email confirming that your application was received.