



Junior Zookeeper Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ T-Shirt Size: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade you will be attending: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Contact: \_\_\_\_\_

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Getting to Know you

**Why are you interested in volunteering with Chehaw?** \_\_\_\_\_

**Describe any experience you have had working with and/or caring for animals:** \_\_\_\_\_

**Describe your favorite animal memory:** \_\_\_\_\_

**What phrase do you think your friends would use to describe your personality?** \_\_\_\_\_

**What do you think is your best quality?** \_\_\_\_\_

**If you could take a trip to any place that you wanted, where would you go? Why?** \_\_\_\_\_

**Describe any experience you have had in public speaking:** \_\_\_\_\_

**Describe any experience you have had working with children:** \_\_\_\_\_

**List any current and past organization for which you have volunteered and the length of time at each position:** \_\_\_\_\_

**List any skills/hobbies that you have that would be helpful to you as a Junior Zookeeper:** \_\_\_\_\_

**What type or profession or field would you like to enter when you start your career?** \_\_\_\_\_



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Availability

Please circle any days of the week that you are **UNAVAILABLE** to volunteer.

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

The Junior Zookeeper program runs 6 days per week (Mon- Sat) during the summer months (May- August) and school breaks (Christmas). During the school year, the program runs on Saturdays. If there are any days that you are not able to volunteer, please list them below.

You understand that, if selected for a volunteer position, you are required to attend and complete all necessary training sessions for that position? Yes/No

ACKNOWLEDGMENT

The information in this application is true and complete, and I have not knowingly withheld any information. I understand that misrepresentation may be cause for dismissal. I authorize verification of all information contained in this application. I understand that as a volunteer at Chehaw, I will be expected to demonstrate a commitment to uphold the mission of the organization, to maintain an environment of integrity for people and for animals, and to focus on customer service, with respect for all employees, volunteers and guests.

As a volunteer at Chehaw, I agree to follow all Chehaw guidelines and policies. In addition, I give consent to Chehaw to emergency medical attention in the event that I am not able to give consent, nor my emergency contacts are available. I agree that the Chehaw may conduct a background check at its discretion. I am aware that Chehaw has the right to release me from service at any time, just as I have the right to withdraw from volunteer service at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_