



**2020
ZooBoo
Volunteer Application**



We are planning to have ZooBoo this year. Due to the current situation, there will be modifications to our event. We are working on training/scheduling dates and will email all applicants when we are ready.

Please complete the entire volunteer application and mail to P.O. Box 3268 Erie, PA 16508. If you have any questions call the Education Department at (814) 864-4091 ext. 223 or e-mail hgula@eriezoo.org.

Teens need to be 14-17 years of age for this program. This volunteer opportunity is open to adults as well.

Personal Information

Name: _____ Date of Application: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Best time to call: _____

Cell Phone: (____) _____ e-mail address: _____

Are you currently employed? YES NO Name of employer: _____

Are you currently a student? YES NO List School: _____
List last grade you completed: _____

Are you 14 -17 years old? YES NO

Do you need service hours for school: YES NO If yes how many: _____

Photo Release

I hereby freely grant the Erie Zoological Society permission to publish photographs or videotape taken of me for editorial, advertising, on-line or commercial purposes.

Volunteer Signature: _____ **Date:** _____

If Under 18 need Parent or Guardian's Signature: _____ **Date:** _____



Please Return To:

423 W. 38th St. PO Box 3268 Erie, PA 16508
(814) 864-4091 • Fax: (814) 864-1140 • e-mail: hgula@eriezoo.org

Erie Zoological Society Volunteer Program

Medical Information

Please provide the following medical information before you begin volunteering. Please return with application.

Personal Information

Date: _____

Volunteer Name: _____

Name of emergency contact: _____ Relationship: _____ Phone: _____

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Medical History

Heart problems

Diabetes

Epilepsy

Allergies

Describe allergies and/or medical history we should be aware of: _____

I am currently taking medicine for: _____

Restrictions on my physical activity include: _____

In case of emergency which hospital would you like to go to _____

Date of Tetanus Vaccination: _____

Medical Insurance

Claims must be submitted to any other applicable insurance plan first (such as the insured's or parent's own personal medical plan), before being submitted to the Erie Zoological Society policy. However, if there is no other applicable insurance the Erie Zoological Society's policy will pay claims on a primary basis. All claims are based upon pre-approved volunteer activities.

Are you covered under medical insurance? YES NO

Policy Holder Name: _____

Insurance Company: _____

Policy Number: _____

Group Number: _____