



Group Volunteer Application

Please complete the entire volunteer application and agreement, 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 education@eriezoo.org.

Group Contact Information

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

Address: _____

City: _____ State: _____ Zip: _____

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

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

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

How many in your group are under 18 years old? _____

How many in your group are over 18 years old? _____

Does anyone in your group have court mandated service hours? YES NO

Has anyone in your group been convicted of a felony: YES NO

**(The Erie Zoo cannot accept volunteers that have court mandated service requirements
or who cannot obtain a clear background check)**

What special skills, talents, interests, training or hobbies does your group have? _____

How did you hear about the Erie Zoological Society volunteer program? _____

Group Photo Release

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

Group Contact Signature: _____ Date: _____

Group Volunteer Opportunities

Group Volunteer opportunities may include gardening, general grounds clean up, Animal Enrichment projects, Special event assistance and other special projects as assigned. If your group has something in mind please include a description with your application.



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

Erie Zoological Society Volunteer Program

Please have each member of your group fill out this form. Please keep this form with your group contact at all times.

Medical Information

Before you begin your first volunteer assignment, we need you to provide the following medical information. Please sign your name and provide the original to the Education Department, by mail to P.O. Box 3268 Erie, PA 16508.

Personal Information

Date: _____

Volunteer Name: _____

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

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

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: _____