



Teen 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.

Teens need to be 14-17 years of age for this program.

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: _____

Describe your primary responsibilities: _____

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: _____

Are your service hour requirements court mandated? 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 do you have? _____

Please list any previous volunteer experience: _____

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

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: _____

Parent or Guardian's Signature: _____ Date: _____

Teen Volunteer Opportunities

The Erie Zoo Teen Volunteers have the opportunity to assist with Special Events, Children's Zoo Yards, Classes, Camps, Birthday Parties, Informational Stations and other program preparations. Volunteers will use our online scheduling system to pick what they would like to volunteer for and the times they are available. The minimum requirement of hours for volunteers is 40 hours a year. Most teens find this requirement easy to meet during the summer months and during our ZooBoo Event.

References

List two personal or professional references that are not related to you:

1. Name: _____ Phone: (_____) _____

2. Name: _____ Phone: (_____) _____



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

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: _____