Group Volunteer Application

Please complete the entire volunteer application and agreement, and mail to P.O. Box 1029 Erie, PA 16512. If you have any questions call the Volunteer Department at (814) 864-4091 ext. 1125 or e-mail bmoore@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 the members of your group currently students? YES ☐ NO ☐ List School:_____

List grade levels: _____

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.

PO Box 1029 Erie, PA 16512 ● (814) 864-4091 ext 1125
● e-mail: bmoore@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.

Personal Information

Volunteer Name: _____

Volunteer Name: _____

Volunteer Name: _____

Volunteer Name: _____

Volunteer Name: _____

Volunteer Name: _____

Volunteer Name: _____

Volunteer Name: _____

Volunteer Name: _____

Volunteer Name: _____

Volunteer Name: _____

Volunteer Name: _____

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 your participants covered under medical insurance? YES ☐ NO ☐