



# Teen 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 Education Department at (814) 864-4091 ext. 1125 or e-mail [bmoore@eriezoo.org](mailto:bmoore@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 a returning volunteer? YES ☐ NO ☐

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: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you 14 -17 years old? YES ☐ NO ☐

Did you participate in our Jr. Explorer Program? 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, Informational Stations and other program preparations. Teen volunteers are not permitted to handle animals. 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: (\_\_\_\_\_) \_\_\_\_\_



. PO Box 1029 Erie, PA 16512 • (814) 864-4091 ext 1125 • e-mail: [bmoore@eriezoo.org](mailto:bmoore@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 1029 Erie, PA 16512.

### 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: \_\_\_\_\_