



Volunteer Application

Please fill out application completely on both sides for consideration for our Volunteer Program.

Name: _____ **Application Date:** _____
Last First Middle

Address: _____
Street City State Zip

Home Phone: (____) _____ **Work Phone:** (____) _____

Email: _____
(you will be notified of volunteer opportunities via email)

Employer: _____ **Your Position:** _____

May we contact you at work? ____ yes ____ no

Birth Date: _____

**Applicants 14-17 yrs old wishing to participate in Team Habitat or ZooScapers require a parent to volunteer with them. Parent's must fill out an application and apply to be a volunteer.*

Educational Background: (Circle highest grade completed)

1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Post-graduate 1 2 3 4

Degree _____ Major _____

How many hours each month are you available to volunteer?

____ Less than one ____ 2 hours ____ 4 hours ____ 6 hours

Typical Availability (please circle all that apply)

Mornings M T W T F S S

Afternoons M T W T F S S

Schedule Preference (check all that apply)

____ Regular (Weekly/Bi-weekly)

____ Evenings only

____ Special events only

Which volunteer program are you most interested in?

(Please refer to the Volunteer Programs listed on the following page)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Docent | <input type="checkbox"/> Team Habitat |
| <input type="checkbox"/> Summer Docent | <input type="checkbox"/> ZooScaper |
| <input type="checkbox"/> Zoo Ambassador | <input type="checkbox"/> Zoo Aides |
| <input type="checkbox"/> Special Events Core | |

In case of an emergency, whom would you wish us to notify?

Name _____ Relationship _____

Home phone _____ Cell _____ Work phone _____

Name _____ Relationship _____

Home phone _____ Cell _____ Work phone _____

Are you Friends of the Zoo member? _____ Yes _____ No

How did you hear about our volunteer program?

___ website ___ brochure ___ radio ___ newspaper article ___ friend/relative ___ other

Have you ever been convicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Do not include misdemeanor or traffic violations)

___ Yes ___ No

Please list two character references: (two adults, **not relatives**, you have known for at least one year current/previous employers, counselor, minister, etc.)

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____ Phone # _____

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____ Phone # _____

I certify that the information of this application is complete and correct to the best of my knowledge. I authorize the Kansas City Zoo to use this information in determining my volunteer placement. I understand that I will be contacted for an interview.

Applicant's Signature _____ Date _____

Return to: Volunteer Coordinator
Kansas City Zoo Education Department
6800 Zoo Drive
Kansas City, MO 64132

Office Use Only:

Date Received: _____
Left Message: _____
Appointment Date: _____