



FRESNO CHAFFEE ZOO
PROSPECTIVE DOCENT VOLUNTEER FORM

(Please print)

Name _____ Address: _____

City: _____ ZIP: _____

Are you at least 18 years if age? Yes No (circle one) Birth date: Month: _____ Day: _____

Phone: (_____) _____ Cell: (_____) _____

Drivers License #: _____

Education Background: _____

Present Occupation: _____

Employment Status: Working full time _____ Working part time _____ Retired _____

Email Address: _____

1. Have you ever been convicted of a felony? Yes No

2. Do you have proof of a current negative T.B. test (within the last 12 months)? If yes, are you willing to provide documentation? If no, are you willing to take a T.B test?

3. Have you ever volunteered or worked at a zoo or wildlife facility or in education?

4. Why are you interested in volunteering at Fresno Chaffee Zoo?

5. How did you become aware of our volunteer program?

6. What are your interests or hobbies?

7. Are you comfortable talking to the public and working with children?

8. Please list any prior work experience or skills that might help you volunteer with us:

9. Are you a member of any wildlife or nature conservation groups? Which?

10. How many days a month can you volunteer at the Zoo? _____

Which days? Mon. Tue. Wed. Thurs. Fri. Sat. Sun. Evenings?

11. Are you able to make a genuine time commitment at this time? _____

11. Do you feel that you have any physical or medical limitations, which may interfere with your ability to carry out certain assignments? Yes _____ No _____

If yes, please explain _____

Emergency Contact:

1. _____ (Name) _____ (Relationship) (_____) (Phone Number)

2. _____ (Name) _____ (Relationship) (_____) (Phone Number)

References:

1. Name: _____ phone: (_____) _____

2. Name: _____ phone: (_____) _____

I understand that the information on my volunteer application is subject to check and verification by the Fresno Chaffee Zoo and that my references may be asked for information as to my character and record with them.

Volunteers agree to adhere to Fresno Chaffee Zoo rules and procedures. Furthermore, volunteers agree not to attempt work that is beyond their abilities or for which the volunteer has not been assigned, trained, or authorized.

Signed _____ *Date* _____

Please return this form to:

Sandy Pitts
Education Department
Fresno Chaffee Zoo
894 W. Belmont Ave Fresno, CA 93728
559/ 498-5920 fax – 559/ 498-4859
spitts@fresnochaffeezoo.com