

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. 1125 or e-mail 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: () |
| Cell Phone: () E-mail address: |
| Are you a returning volunteer? YES \(\subseteq \text{NO} \subseteq \) |
| 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 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? |

| editorial, advertising, on-line or commercial purposes. Volunteer Signature: | Date: |
|---|--------|
| Parent or Guardian's Signature: | |
| | |
| | |
| Teen Volunteer Opportui | nities |
| The Erie Zoo Teen Volunteers have the opportunity to assist with Classes, Camps, Birthday Parties, Informational Stations and other | |

2. Name: _____

Phone: (____) ____

Phone: (____) ___



423 W. 38th St. PO Box 3268 Erie, PA 16508 ● (814) 864-4091 ● e-mail: <u>bmoore@eriezoo.org</u>

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.

| your name and provide the original | nai to the Education | i Department, by mail to P.O. Bo | ox 3208 Ene, PA 10308. | |
|------------------------------------|--|----------------------------------|---|-------|
| 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 med | dical history we sh | ould be aware of: | | |
| | | | | |
| I am currently taking medicine | e for: | | | |
| Restrictions on my physical a | ctivity include: | | | |
| In case of emergency which I | nospital would you | ı like to go to | | _ |
| Date of Tetanus Vaccination: | | <u> </u> | | |
| personal medical plan), befor | e being submitted Zoological Societ | to the Erie Zoological Societ | as the insured's or parent's own y policy. However, if there is no primary basis. All claims are ba | other |
| Are you covered under medic | cal insurance? | YES NO | | |
| Policy Holder Name: | | Insurance Compar | y: | |
| Policy Number: | | Group Number: | | |