THE ZOOD IN FOREST PARK Forest PARK Zoological Society

THE ZOO IN FOREST PARK AND

EDUCATION CENTER

Springfield, Massachusetts

VOLUNTEER APPLICATION

Name:	_ Date of Application:
Season: Fall Winter/Spring Summer	Year:
Address:	
City:	_ State: Zip Code:
Phone:	or
Email:	
AVAILABILITY	
Dates available: to	
What days are you available?	
Mon Tues Weds Th	ursFriSatSun

Our Program					
Field of Focus: A	nimal Care	Business/Office	Education	Horticulture	Other:
How did you hear at	oout our Vol	unteer Program?			
Why are you interest	ted in interni	ing at the Zoo in F	orest Park ar	nd Education C	enter?

Experience			
Have you been a volunteer here before? Yes No If so, when?			
Describe any other previous volunteer work you have done:			
Describe any experience, skills, or course work is relevant to your desired volunteer field:			

□ *I Agree

I understand and agree that submitting this application form does not automatically register me as a Zoo in Forest Park volunteer, and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures as outlined during the interview process, before I may begin volunteering.

I understand that background checks are conducted for ALL potential volunteers ages 18 and up.

The Zoo in Forest Park Volunteer program requires a one time fee of \$50 to cover the initial expenses of the program, including shirt, training materials, parking pass, CORI and SORI checks, etc. This fee is payable upon acceptance into the program, and is **not** required at the time of application.

By signing and submitting this form, I attest that the information I have provided is true and accurate and I agree to the terms and requirements stated above.

Si	gnature:
SI	gnature.

Date: _____

Send to: The Zoo in Forest Park PO Box 80295 Springfield, MA. 01138-0295 Email: <u>fpzinternvolunteercoordinator@gmail.com</u> Fax: (413) 733-2330