

# ADULT VOLUNTEER APPLICATION

## OGLEBAY GOOD ZOO

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Is it OK to contact you at work?  Yes  No

Email \_\_\_\_\_

### Employment/Education Background

Education (check level completed):  High School  College  Graduate School

Degree(s) \_\_\_\_\_ Area of Study \_\_\_\_\_

Employment:  Retired  Currently Employed

Job Title \_\_\_\_\_ Employer \_\_\_\_\_

Volunteer Experience:  Yes  No

Please list volunteer experience \_\_\_\_\_

\_\_\_\_\_

### Skills/Interests (Check all that apply.)

- Public Speaking  Arts and Crafts  Theater/Storytelling  Carpentry  Research
- Teaching  Graphics  Sign/Foreign Language  Photography  Child Care
- Computer  Fundraising  Writing  Model Trains  Model Building

List any other hobbies / skills / special interests \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any animal experience?  Yes  No If yes, please give details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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What do you hope to gain from your volunteer experience at the zoo? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Please check all areas where you would be interested in volunteering.

- School group programs/tours    Research (stream monitoring, bird watching)    Horticulture  
 Animal Care Assistant    Zoo Summer Camps for children    After-hours events  
 Miniature Train Display    Zoo Library    Discovery Lab (interactive exhibit area)  
 Narration for the Train Ride    Interpretation at Animal Exhibits/Artifact Carts  
 Traveling education programs/public speaking    Special Events (Boo at the Zoo, Member's Day, etc.)

## Availability

What time(s) can you commit to training and/or volunteering?

- Weekdays:    Morning    Afternoon    Evening    Flexible  
Weekends:    Morning    Afternoon    Evening    Flexible

What day(s) of the week would you prefer training and/or volunteering?

- Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

## Personal or Professional References (Please exclude relatives.)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your signature indicates your approval for us to check references. Oglebay Good Zoo is not obligated to provide placement in the volunteer program, nor are you obligated to accept the volunteer position.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to:  
Volunteer Program, Oglebay Good Zoo, 465 Lodge Drive, Wheeling, WV 26003**

