



Jr. ZooCrew Application

Name: _____ Date: _____

Address: _____

E-mail address: _____

Telephone: Home: (____) _____ Cell: (____) _____

In case of an emergency, whom should we contact?

Name/relationship: _____

Telephone: (____) _____

Are you over 14? Yes No

Allergies or other medical information we should be aware of in an emergency:

Current school and grade level: _____

What are your career plans? _____

How did you hear about this Jr. ZooCrew program? _____

Have you ever volunteered with the Frank Buck Zoo before? Yes No

If so, in when? _____

Have you ever held a volunteer position before? Yes No

If yes, where? _____

Do you have any previous animal experience? Explain briefly. _____

Please list any wildlife conservation organizations that you support, work, or volunteer for:

If necessary, would you be willing to assume the expense involved for a TB test or for a rabies vaccination in order to work with the animals? Yes No

(OVER)