



Brandywine Zoo  
Volunteer Program  
Application Form

NAME: \_\_\_\_\_  
(Last) (First) (M.I.)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
May we call you during business hours? YES \_\_\_\_\_ NO \_\_\_\_\_

EMAIL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
\*Required Month / Day / Year

Are you applying to volunteer to fulfill a service requirement? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, please list the school or organization which has required you to do so with their contact information. \_\_\_\_\_

**Choose 1:** Zoo Crew (ages 13 to 17) \_\_\_\_\_  
Zoo Education Volunteer (ages 18 & up) \_\_\_\_\_

**FOR ADULT VOLUNTEERS ONLY, PLEASE INDICATE SKILLS & INTERESTS**

(check all that apply)

- |                                                 |                                                    |                                             |
|-------------------------------------------------|----------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Group Tours            | <input type="checkbox"/> Summer Zoo Camp           | <input type="checkbox"/> Family Programs    |
| <input type="checkbox"/> Special Events         | <input type="checkbox"/> Meeting & Greeting Public | <input type="checkbox"/> Visitor Assistance |
| <input type="checkbox"/> Biofact Interpretation | <input type="checkbox"/> Informal Interpretation   |                                             |
| <input type="checkbox"/> Animal Presentations   | <input type="checkbox"/> Traveling Zoo Assistance  |                                             |
| <input type="checkbox"/> Other                  |                                                    |                                             |

***Days of the week and the times of the day you are available to volunteer:***

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

**Are you willing to attend the next upcoming Volunteer Orientation?** (Orientations are scheduled based on incoming accepted volunteers.)

\_\_\_\_\_ Yes, I am available for Volunteer Orientation and plan to attend.

\_\_\_\_\_ No, I am not available for Volunteer Orientation and do not plan to attend.

**PREVIOUS VOLUNTEER SERVICE:**

Agency Name & Address	Job Duties	Dates	Contact Person	Phone

**EMPLOYMENT INFORMATION:**

Employer, list most current job first	Job Duties	Dates of Employment	Supervisor's Name	Supervisor's Phone

Have you ever been convicted of a felony or class A misdemeanor? Yes\_\_\_ No\_\_\_

If yes, please explain: \_\_\_\_\_

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 INFORMATION:**

(Please provide the names of people we can contact in an emergency)

\_\_\_\_\_  
(Name) (Relationship) (Phone Number)

Or, if unable to reach the above person(s), please contact:

\_\_\_\_\_  
(Name) (Relationship) (Phone Number)

**IMPORTANT: VOLUNTEER POLICY**

Make sure you read and understand the following:

- Volunteers agree to perform service without compensation and are not considered employees of the State of Delaware. The Division of Parks and Recreation and the Delaware Zoological Society do not provide Worker's Compensation or any other insurance coverage for volunteers.
- Volunteers agree to adhere to Park 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.

- The Division of Parks and Recreation and the Delaware Zoological Society cannot guarantee volunteer placement. The Division and Society will, however, make every effort to match volunteer applicants to volunteer opportunities based on the needs of the Division and Society, and the interests and abilities of the volunteer.
- The Division of Parks and Recreation and the Delaware Zoological Society accepts the service of all volunteers with the understanding that such service is at the sole discretion of the Division and Society. Volunteers agree that the Division and Society may at any time, for any reason, decide to terminate the volunteer's relationship with the Division and Society. Volunteers may at any time, for any reason, decide to sever the volunteer's relationship with the Division and Society. Notice of such a decision should be communicated as soon as possible.

\_\_\_\_\_  
 (Signature of Volunteer)

\_\_\_\_\_  
 (Date)

**REQUIRED IF UNDER 18 YEARS OF AGE:**

**Volunteer Name:** \_\_\_\_\_

\_\_\_\_\_  
 Age of Minor?

I certify that my son/daughter is fully capable of participating as a volunteer without compensation, and has my permission to be assigned and participate as a volunteer at \_\_\_\_\_ for the Division of Parks & Recreation and the Delaware Zoological Society.

Furthermore, I understand the risks involved with being a volunteer in this capacity and acknowledge that neither the State of Delaware, nor the Department of Natural Resources and Environmental Control, nor the Division of Parks & Recreation, nor the Delaware Zoological Society nor any state employee, will assume any financial liability for any injury or illness that might occur while my son/daughter is performing voluntary service for the Division of Parks and Recreation and the Delaware Zoological Society.

\_\_\_\_\_  
 (Signature of Parent or Guardian)

\_\_\_\_\_  
 (Relationship)

\_\_\_\_\_  
 (Date)

**Return completed form to:**

**Brandywine Zoo Education Department  
 Attention: Volunteer Program  
 1001 North Park Drive  
 Wilmington, DE 19802**

The Department of Natural Resources and Environmental Control and the Delaware Zoological Society are equal opportunity employers. No person or group shall be excluded from participation, denied any benefits, or subjected to discrimination on the basis of race, national origin, or handicap.



