

Individual Volunteer Application Instructions:

1. Completely fill out the following application (two pages).
2. By typing your name and the date in the “Applicant signature” field you agree to the volunteer terms.
3. E-mail the completed application to the Volunteer Coordinator:

Adam Rhoads
arhoads@lincolnzoo.org

4. The Volunteer Coordinator will contact you to further discuss volunteering opportunities.

Lincoln Children’s Zoo does not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation, disability or age.

Lincoln Children’s Zoo – 1222 South 27th Street – Lincoln, NE 68502 – 402.475.6741 – FAX 402.475.6742



VOLUNTEER APPLICATION

Name: _____ Date: _____

Date of Birth: _____ Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell Phone: _____

E-mail Address: _____

Current Status: Employed Homemaker Retired Unemployed Student

Work Experience (Include current & last employers): _____

Education Level Completed: _____

Volunteer & Community Activities: _____

Why do you want to volunteer? (Check the MAIN reason only):

Help my community & the Zoo School Requirement Diversion/Community Service

Employer Program Other: _____

How did you learn about our volunteer program?

Friend Website Zoo brochure Radio TV Newspaper

Other: _____

References

Professional: Name _____ Telephone number _____

Personal: Name _____ Telephone number _____

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Volunteer Positions of Interest (mark all that apply)

Do you have any skills or talents that can help the Zoo? _____

- | | | |
|---|---|--|
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Administration | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Train Engineer | <input type="checkbox"/> Train Conductor | <input type="checkbox"/> Small Animal Assistants |
| <input type="checkbox"/> Zookeeper Assistants | <input type="checkbox"/> Youth Volunteer Programs (grades 7-12) | |

Availability (please be as specific as possible)

Days: M T W TH F SA SU

Maximum hours per week: _____ Prefer: Mornings Afternoon Evening

Do you have any special requirements (transportation, disability, etc.)?: _____

Have you been convicted of a crime? No Yes - please explain: _____

As a condition of volunteering, I give permission to the Lincoln Children's Zoo to conduct a background check and drug test. I understand that my position is conditional upon the Zoo receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the Lincoln Children's Zoo, its officers, Board of Directors, employees, and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous volunteering, the Zoo is not obligated to place me in a volunteer position. If accepted as a volunteer I understand that I will be expected to follow the Zoo policies and/or principles and if not, that I will be subject to suspension or termination.

I hereby affirm that the information given by me is complete and accurate.

Applicant signature: _____ Date: _____

Signature of parent or guardian if applicant is under age 18:

_____ Date: _____

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