Start Date



Volunteer ApplicationPlease fill out completely. Incomplete applications will NOT be considered.

I am an: □Adult	☐High School Student	Date of Birth	1:	(mm/dd/vvvv)
NOTE: Individual vo	— 5 Dlunteers must be 18 years or Who is able to assist with the W	older. Younger v	olunteers mu	
Applicant Name				
Parent/Guardian Na	me(s) (If applicable):			
Applicant Address _				
City:	Zip Code: _	Emai	l:	
Phone (Home):		Phone (Cell):	
Occupation:		Employer:		
•	nd check is required for all vossion for this check? \Box Yo		tion gathered	is kept confidential.
	nteer interests? (<i>Please check</i>	_	Zoo Am	ıbassador*
*Zoo Ambassadors	must have a minimum of one	year and 30 hou	rs of PPZ Vol	unteer experience.
			,	CONTINUE ON BACK -

Do **NOT** write below this line. **OFFICE USE ONLY**



Why would you like to volunteer at Potter Park Zoo?					
Previous Volunteer experience:					
What is your availability? (Places shock all that a	nnlu)				
What is your availability? (Please check all that a Evenings Weekends Weekdays	ρριγ)				
Are you comfortable working with children? Yes No					
What special skills or qualifications do you posses Park Zoo volunteer team?	ss that would make you a good addition to the Potter				
Do you have any condition or physical limitations Yes No	that might affect your volunteer duties?				
If "Yes," please explain any such limitations and v perform volunteer duties:	what reasonable accommodations you may need to				
Please return completed application to:	Carrie Green - Volunteer Coordinator Potter Park Zoo 1301 S. Pennsylvania Avenue Lansing, MI 48912 Or Email to: cgreen@ingham.org Or Fax to: 517-316-3892				