

# Oglebay's Good Zoo Adult Volunteer Application

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Is it OK to contact you at work? Yes No E-mail \_\_\_\_\_

### Employment/Education Background

Education: Please check level completed  
 High School  College  Graduate School

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

Employment:  
 Retired  Currently Employed Job Title \_\_\_\_\_

Employer \_\_\_\_\_

Volunteer Experience:  
Please list other volunteering experiences \_\_\_\_\_

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

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Art          | <input type="checkbox"/> Theater/Storytelling  |
| <input type="checkbox"/> Teaching        | <input type="checkbox"/> Graphics     | <input type="checkbox"/> Sign/Foreign Language |
| <input type="checkbox"/> Computer        | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Writing               |
| <input type="checkbox"/> Carpentry       | <input type="checkbox"/> Photography  | <input type="checkbox"/> Model Trains          |
| <input type="checkbox"/> Research        | <input type="checkbox"/> Child Care   | <input type="checkbox"/> Model Building        |

Please list any other hobbies/skills/special interests \_\_\_\_\_

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Do you have any animal experience?  yes  no If yes, please give details. \_\_\_\_\_

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**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 for 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 \_\_\_\_\_

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

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

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

Your signature indicates your approval for us to check references. Oglebay's 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's Good Zoo, Oglebay Park, Wheeling, WV 26003