



Gardening Volunteer Program

Complete the following application form to be eligible for
The Alaska Zoo volunteer program.

NAME _____ Date _____

Age: _____

ADDRESS: _____

Phone Number: _____ E-MAIL (required): _____

PRESENT OCCUPATION _____

Please answer the following questions:

1. What prompted you to apply as a volunteer at The Alaska Zoo?

2. What is your favorite animal? (At the zoo or in general) _____

3. Do you have reliable transportation? _____

4. Describe relevant gardening experience:

WHAT DATE WOULD YOU BE AVAILABLE TO START VOLUNTEERING? _____

The Alaska Zoo Gardening Crew requires volunteers to commit to 4 hours a week from April through September. Are there any time conflicts we should know about? (planned travel, etc.) _____

Please list 2 references:

Name: _____ Relationship: _____ Email: _____

Name: _____ Relationship: _____ Email: _____

Signature: _____ **Date:** _____

PLEASE FORWARD YOUR APPLICATION TO:
Chelsea Vukovich at volunteer@alaskazoo.org
or
Volunteer Coordinator
The ALASKA ZOO
4731 O'Malley Road
Anchorage AK 99507