



## Alaska Zoo Summer Volunteer Application

By completing this application, you are authorizing any listed references (those who fill out the Recommendation Form) to give information concerning yourself. You certify that all statements given on this questionnaire are correct, and realize that any falsification, omission of information or misrepresentation may prevent the start of volunteer work. In the event of volunteering, you agree to abide by all present and subsequently issued rules of The Alaska Zoo.

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Adult shirt size:** S M L XL 2XL

**Do you have any condition or disability that may require accommodation to perform the essential functions of a task or activity?** \_\_\_ Yes \_\_\_ No **If Yes, please**

**explain** \_\_\_\_\_

\_\_\_\_\_

**Do you have any allergies/health concerns that we need to be aware of? (Examples: Allergies to fur, bees, or hay)** \_\_\_ Yes \_\_\_ No **If Yes, please list:**

\_\_\_\_\_

\_\_\_\_\_

**Do you have previous work/volunteer experience? If so, where?**

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**The Volunteen Program asks for a time commitment of 4 hours per week from June to August. Are there any conflicts we should know about? (vacations, sports, etc)** \_\_\_\_\_

**The Zoo values the following characteristics:**

**Please indicate how others (friends, family, teachers) would rate you in the following areas. Scale: 1=Below Average; 2=Fair; 3=Average; 4=Good; 5=Excellent; 6=Outstanding**

Communication Skills 1 2 3 4 5 6	Dependability 1 2 3 4 5 6	Maturity 1 2 3 4 5 6
Self-Motivation 1 2 3 4 5 6	Teamwork Skills 1 2 3 4 5 6	Follows Directions 1 2 3 4 5 6
Willing to try new things 1 2 3 4 5 6	Flexibility 1 2 3 4 5 6	Positive Attitude 1 2 3 4 5 6

**SHORT ANSWER:** Please answer the following questions: (answers can be written on separate paper if more room is needed)

**1. What skills do you want to develop as a member of the Volunteen program?**

**2.What are your personal/education goals and how would this program support those goals?**

**3.Tell us why you would make a good candidate for our Volunteen Program.**

**CONSIDERATIONS:** Volunteens will have no direct contact with Zoo animals, except for the petting zoo. Before submitting this questionnaire those with a heavy schedule of summer activities, i.e., sports, camps, long vacations, jobs, etc. should consider whether they have the time to commit to the program. The program does require 4 hours a week, not including training. Volunteens will be under the direction of the Volunteer Coordinator.

Please give the included Recommendation Form to an adult (not a relative) who can speak to your abilities, such as a teacher, coach, youth group leader, etc. Please complete the questionnaire and short answers on your own. You must attend the orientation and training session. No exceptions. Orientation with parents will be May 25<sup>th</sup>. Volunteen Training will be the week of June 3-7.

Volunteer Fee: \$10 to cover the cost of T-shirt and Training Materials. If this causes a financial burden, please contact Alaska Zoo at [volunteer@alaskazoo.org](mailto:volunteer@alaskazoo.org).

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please submit complete application to Chelsea Vukovich at The Alaska Zoo using one of these methods:

Email: [volunteer@alaskazoo.org](mailto:volunteer@alaskazoo.org)

Turn in completed form at the zoo admissions building.

Or Mail to:

Alask Zoo

4731 O'Malley Road

Anchorage AK 99507

*Mailed applications must arrive by April 17th*

**Thank you!**

**Volunteer Recommendation Form**

**Deadline: April 17<sup>th</sup>, 2024**

Name of Volunteer Applicant: \_\_\_\_\_

**Volunteer Applicant:** Please give this recommendation form to a teacher, coach, or other adult that knows you in a structured setting. Parents and family members cannot be used as references. This recommendation form needs to be emailed to the volunteer coordinator at [volunteer@alaskazoo.org](mailto:volunteer@alaskazoo.org).

**Evaluator:** The teen named above is applying to be a member of The Alaska Zoo Volunteer program. Please complete the following recommendation form and return it to the email address listed above. **This form must be received by Wednesday, April 17<sup>th</sup>, 2024.** Your comments are greatly appreciated and will help us determine if this applicant will enjoy success as a member of the Alaska Zoo Volunteer program.

Name of Evaluator: \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

How long have you known the Applicant? \_\_\_\_\_

**I recommend this applicant for the Volunteer Program (circle one):**

**With great enthusiasm With confidence With slight hesitation With serious reservation**

**What would you say is the applicant's strongest quality? Why?**

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**Do you believe the applicant can work as part of a team?**

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**Is there anything else you would like us to know about this applicant?**

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