



ZooCrew Application

Buffalo Zoological Gardens
300 Parkside Ave.
Buffalo, NY 14214

Thank you for your interest in volunteering at the Buffalo Zoo. Volunteers are crucial to the success of many events and programs here at the Zoo. However, it is important to understand that this volunteer program does **not** allow you to work with or handle any Zoo animals.

Name(Last)_____ (First)_____

Home Address_____

City_____ State_____ Zip_____

Phone (Home)_____ (Work)_____

Are you older than 14?_____ Are you older than 21?_____

E-mail address _____

Educational Background

Please list the date of graduation and degree received (or currently attending)

High School_____ College_____

Post-graduate_____ Business/Vocational School_____

Work/Volunteer Experience

Please list any paid or volunteer experience and skills that may be useful to the Zoo.

1. _____

2. _____

3. _____

Other Interests:

Please tell us more about you and your interests.

Volunteering offers a variety of activities. Please mark the areas in which you would be interested in applying your skills:

- Event set-up/clean-up
 Information Booth
 Face Painting
 Games/Crafts
 Registration Table
 Sell/Serve food
 Dress in costume characters
 Gardening/raking
 Filing/mailings

Availability

Please indicate offers days and times you are available.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

In case of emergency

Who should we notify?

Name _____ Relationship _____

Phone (Day) _____ (Evening) _____

Do you currently have medical coverage? _____

Name of Health Care Provider _____ Policy # _____

Do you have any physical limitations that need to be considered? _____

I understand that the above information is confidential and will be used only by the Buffalo Zoo unless otherwise stated. I understand that as a Buffalo Zoo volunteer, I am not paid for my services and to be a Zoo volunteer I must sign this waiver of liability for any Zoo event.

Signature _____ Date _____

Buffalo Zoo Photography Permission Release:

By my signature below, I authorize the Buffalo Zoo to take and use photographs and videotapes of the minor(s) listed below, of whom I am a legal parent/guardian, for purposes of its public relations and advertising activities. I understand that I will receive no compensation for such use.

MINOR(S)—Please print

PARENT/GUARDIAN—Please print

PARENT/GUARDIAN--Signature

DATE

I decline to have the minor(s) listed below to be included in photographs and videotapes for the purposes of the Buffalo Zoo’s public relations and advertising activities.

MINOR(S)—Please print

PARENT/GUARDIAN—Please print

PARENT/GUARDIAN--Signature

DATE