



Application for Docent Training

Buffalo Zoo

Education Department & Docent Organization

300 Parkside Avenue

Buffalo, NY 14214-1999

Equal consideration is given to all volunteer applicants without regard to race, color, creed, national origin, or sex.

Personal Information (Please print) CONFIDENTIAL

Name _____

Street _____ Phone (Home) _____ (Work) _____

City _____ State _____ Zip _____ Social Sec. Number ____-____-____ (private)

Are you 25 years or older? Y N (If not, you are ineligible to be a docent at this time.)

Have you ever been convicted of a felony (or anything besides a minor traffic violation)? Y N

If so, please list: _____

You are required to submit for a background check. If you had one recently done, please forward it to the Volunteer Coordinator.

Emergency contact (how are they related?) and phone number: _____

Education and Experience

Please enclose a resume if you feel that would help us get to know you better.

Education: Highest year completed: _____ School/Major: _____

Occupation: Past _____ Present _____

If you have worked in a volunteer capacity, list where: _____

What were your responsibilities? _____

List any experience you have working with children: _____

List any experience you have teaching, facilitating, or working with groups: _____

Circle the age/ability level(s) you have worked with:

children teenagers adults senior citizens handicapped

List any experience you have working directly with animals: _____

List any other skills you have (i.e. public speaking, languages): _____

Availability and Schedule

What days of the week are you able to volunteer?

M Tu W Th F Sa Su

Circle the time of day you would be available? AM PM Both

Are you available in the summer? Y N

Are you available in the evening? Y N

Will you have time to complete 75 hours of classroom plus field training?
(and an equal time of home study) Y N

Are you available to volunteer at least 50-70 hours during the coming year? Y N

Do you foresee any change or condition that could limit your availability to volunteer in the near future? Y N

If so, please explain: _____

Do you have any health issues that would limit your ability to volunteer, including walking an hour and a half tour? : _____

Do you have a medical condition that would jeopardize your health if exposed to any animal borne transmissions? If yes, PLEASE TALK TO ME PRIVATELY, THIS IS IMPORTANT!

List any months you would not be available, if any: _____

Please list three personal references:

Name	Phone	Address	Relationship

How did you learn about the Docent Organization? _____

I authorize the investigation of all statements in this application, including a background check. I understand that this application is not intended to be a contract of employment, nor does it guarantee a volunteer service position. In the event of acceptance as a volunteer (Docent), I understand that false or misleading information given in my interview(s) may result in discharge. I further understand that I am to abide by all rules and regulations of the Buffalo Zoo and the Docent Organization.

Signature: _____ Date: _____

e-mail address: _____