

Volunteer Department Participation Application



Brights Zoo strives to encourage a positive experience for all volunteers. Please submit your application to:

David Bright

3425 HWY 11 E

Limestone, TN 37681

david@brightszoo.com

Fax: 423-257-199

<http://www.brightszoo.com>

Name:			
Address:			
City:		State:	Zip:
Date of Birth:	Home Phone:	Cell Phone:	
Email:		Other Phone:	
Date of Application:			

For Informational Use Only

What is your Availability?		Shirt Size S M L XL 2XL 3XL					
How did you learn about our Volunteer Program?							
What languages do you speak fluently?							
What are your primary volunteer interests?							
Have you volunteered at a Zoo previously?							
If so, in what capacity?							
Are you seeking to fill a requirement by volunteering?	How many hours do you need to earn?						
What program requires you to earn service hours?							
Special certifications or experience?							
What Day(s) are you available to Volunteer?	Sun	Mon	Tue	Wed	Thu	Fri	Sat
How many hours per week are you available to Volunteer?							
Have you ever been convicted of a crime?							

Emergency Contact Information

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Brief Medical History

Allergies(food, drug, insects, etc):
Any known medical conditions:
Medications and reasons for taking:
Any special needs/requirements:
I have filled this application out to the best of my knowledge and understand that the application will be considered by the Volunteer Coordinator, who will contact me for confirmation of registration/application, or for any additional information required.
Parent Signature for Volunteers under age 18:
Applicant Signature: Date:

