



GREATER LOS ANGELES ZOO ASSOCIATION

2009 Provisional Student Volunteer Application

Date: _____

Student's Name:	Home Phone: ()
Address:	Cell: ()
City, Zip:	E-mail Address:
School Name:	Current grade FALL 2009:
Address:	Circle one: 9 th 10 th 11 th
City, Zip:	Phone Number ()
What year will you graduate from high school?	
Clubs, Activities, Hobbies:	
<i>Please attach a copy of your latest report card with parent signature</i>	

Are you currently a member of the Zoo? _____ Member # _____

Why are you interested in becoming a volunteer at the Los Angeles Zoo?

Do you have other volunteer experience? If yes, please explain.

Do you have any special talents or interests we should know about? (other languages, teaching experience, artistic skills)

How did you hear about the volunteer program?

Have ever been involved with the GLAZA or the L.A. Zoo and Botanical Gardens? Yes No
 If so, what did you do and when? _____

ACKNOWLEDGMENT

The information in this application is true and complete, and I have not knowingly withheld any information. I understand that misrepresentation may be cause for dismissal. I authorize verification of all information contained in this application. I understand that as a volunteer at GLAZA, I will be expected to demonstrate a commitment to uphold the mission of the organization, to maintain an environment of integrity for people and for animals, and to focus on customer service, with respect for all employees, volunteers and guests.

As a volunteer at GLAZA, I agree to follow all GLAZA guidelines and policies. I agree that the City of Los Angeles Department of the Zoo may conduct a background check at its discretion. I am aware that GLAZA has the right to release me from service at any time, just as I have the right to withdraw from volunteer service at any time.

Student Signature _____ Date _____



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Parent Information

Student Name	
Parent/Guardian Name	Home Phone ()
Address (if different)	Work Phone ()
Parent/Guardian Name	Home Phone ()
Address (if different)	Work Phone ()

The student listed above has applied to the volunteer program at the Greater Los Angeles Zoo Association. It is necessary that a minor obtain permission from his or her parent or guardian to participate in the program and to be fingerprinted as part of the background check conducted on all volunteers who work with minors. Your signature below indicates consent.

Signature of Parent or Guardian _____ Date _____

If the above student is accepted to the volunteer program, the Zoo will require him or her to maintain a current student or family Zoo membership, to give complete emergency and medical information, and to provide proof of a negative tuberculosis test annually. If an emergency occurs, the Zoo will make every effort to contact you and/or the persons who you have indicated on the emergency form. If you cannot be reached, your signature below indicates consent to obtain medical treatment for your child.

Special Instructions:

Signature of Parent or Guardian _____ Date _____