



PINE GROVE ZOO

VOLUNTEER APPLICATION (Adult with Child)

(Applicant must be at least 18 years of age)

ADULT NAME _____ APPLICATION DATE _____
CHILD NAME _____ CHILD'S AGE _____
ADDRESS _____ HOME PHONE _____
_____ WORK PHONE _____
EMAIL _____

How did you hear about volunteering at Pine Grove Zoo?

_____ website _____ brochure _____ radio _____ newspaper _____ friend/relative _____ other

Are you a member of Pine Grove Zoo? _____

Special skills, talents, work, travel or volunteer experience:

References: (two adults, not relatives, you have known for at least one year current/previous employers, counselor, etc.)

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____ Phone # _____

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____ Phone # _____

Have you ever been convicted for violation of any federal, state, county or municipal law, regulation, or ordinance? (Do not include misdemeanor or traffic violations.)

Check one: _____ Yes _____ No

When are you available for volunteering? _____

In case of an emergency, whom should we notify?

Name _____ Relationship _____
Home _____ Cell _____ Work Phone _____

I certify that the information in this application is complete and correct to the best of my knowledge. I authorize the Pine Grove Zoo Volunteer Coordinator to use this information in determining my volunteer placement.

Applicant's Signature _____ Date _____

Please send to:

Pine Grove Zoo, 1200 W. Broadway, Little Falls, MN 56345