

Please send to:

## PINE GROVE ZOO VOLUNTEER APPLICATION

(Applicant must be at least 18 years of age)

NAME	APPLICATION DATE					
ADDRESS		HOME PHONEWORK PHONE				
EMAIL						
How did you hear about volu	nteering at Pine Grove 70	n?				
-	brochurer		iewspaper	friend/relative	other	
				·		
Are you a member of Pine Gro	ove Zoo?					
Special skills, talents, work, tr	avel or volunteer experiend	ce:				
References: (two adults, not i	relatives, you have known f	or at least one ye	ear current/prev	ious employers, counselo	or, etc.)	
Name						
Address				DI "		
City		State	Zıp	Phone #		
Name		R	elationship			
Address					_	
City				Phone #		
Have you ever been convicted	·	al, state, county o	r municipal law,	regulation, or ordinance	? (Do not include	
misdemeanor or traffic violati	•					
Cho	eck one:Yes	No				
When are you available for vo	olunteering?					
Times are you aramade for to						
In case of an emergency, who	om should we notify?					
Name		Relationship Work Phone				
Home	Cell		Work Pho	one		
I cortify that the information i	in this application is comple	ata and correct to	the best of my	knowlodgo Louthorizot	the Dine Crove 7ee	
I certify that the information i Volunteer Coordinator to use				knowieuge. Tauthorize t	ine Pille Grove 200	
voidificer coordinator to use	ans information in determ	ming my volunte	er piacement.			
Applicant's Signature				Date		
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Pine Grove Zoo, 1200 W. Broadway, Little Falls, MN 56345