



Volunteer Application Form

Rock Hill Road
NORTH NOWRA NSW 2541
PH: 0244213949
FAX: 0244218787

Surname: _____ **First Names:** _____

Date Of Birth: _____ (NOTE: Minimum age to start volunteering is 15 years)

Address: _____

_____ **P/Code:** _____

Home Phone: _____

Mobile: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship: _____

Phone Number: _____

PLEASE NOTE

There is a non refundable fee of \$100.00 required to be paid upon arrival on organised training day to join the program. This money is a very small contribution towards what it costs to train new volunteers and provide them with all the necessary equipment to be able to volunteer.

Above all else it shows that a new volunteer is committed to the program. Spaces are limited and will only be offered to those who can commit to volunteering for one day per week.

OFFICE USE ONLY

Date Application Received:	Date Contacted:
Volunteer Day/s: M T W T F S S	
Interview Day:	Time:
References Checked:	
Trial Date:	

MEDICAL

Do you have any of these vaccinations? (please circle)

Tetanus Hepatitis A Hepatitis B Q fever

Do you suffer from any medical conditions or take any medication that may affect your ability to perform your volunteer duties which can often be labour intensive? If yes please attach a medical certificate from you GP stating that you are fit to undertake duties at Shoalhaven.

Do you have any phobias (eg fear of snakes, heights etc) which may affect your ability to perform your duties?

Have you ever been convicted of a criminal offence? What was the nature and detail of the offence?

INTERESTS

Do you have any experience or qualifications (including courses in progress) in the zoo keeping field?

Have you or do you currently volunteer/work at any other zoo/wildlife park before? (Please specify)

Why would you like to be a volunteer?

What is your favourite animal? _____

What qualities do you believe make a good keeper?

What duties do you think you will be completing as part of the volunteer program?

What are your goals for the future and how will Shoalhaven Zoo assist you in achieving them?

Do you have a current drivers license? (please circle) YES NO

AVAILABILITY (Please circle the days you are available to volunteer)

Monday Tuesday Wednesday Thursday Friday
Saturday Sunday

What date are you available from: _____

Is there anything else you would like to add?

If accepted into the Shoalhaven Zoo volunteer program I

- **Will be prompt and reliable by committing to my weekly shift**
- **Will notify the volunteer coordinator if I will be absent or upon leaving the program**
- **Agree to adhere to Shoalhaven Zoos' policies and procedures**
- **Will wear appropriate clothing and footwear and will bring appropriate weather protection**
- **Agree that all activities within the park are confidential and I will not disclose any information to unauthorized parties**
- **Understand that am I recommended to have all my vaccinations up to date including but not limited to the tetanus vaccination**

I certify that all of the information within this form is up to date and correct

SIGNED

DATE

PARENTS' NAME & SIGNATURE (IF APPLICANT IS UNDER 18YEARS OF AGE)

Thank you for your time

The next step:

Fill out the application form

Hand in the application form back in the zoo

Our volunteer coordinator will get back to you within 5 working days to arrange a trial day for your volunteer placement

Upon the trial day a onetime fee of \$100 to the zoo is required to be paid

If accepted into the program you will enter an induction period of four weeks in which you must reach a level of competency within that time

Once the induction period is over you can enjoy all the benefits of our volunteer program

CONTACT DETAILS

Contact: Jeni

Address: 23 Rock Hill Road, North Nowra, NSW 2541

Postal Address: PO Box 3360, North Nowra, NSW 2541

Phone: (02) 4421 3949

Fax: (02) 4421 8787

Email: jeni@nowrawildlifepark.com.au

Website: www.shoalhavenzoo.com.au