



## 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

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

## **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.**

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

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

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## **INTERESTS**

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

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

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**Why would you like to be a volunteer?**

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**What is your favourite animal?** \_\_\_\_\_

**What qualities do you believe make a good keeper?**

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

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

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**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?**

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**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 18 YEARS 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: Tom

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

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

Phone: (02) 4421 3949

Email: tom@shoalhavenzoo.com.au

Website: www.shoalhavenzoo.com.au