

ADULT VOLUNTEER APPLICATION

- You must be 18 years old to be eligible for the Adult Volunteer Program.
- Adult Volunteer must commit to working a minimum 4-hour shift.
- Adult Volunteer must demonstrate the ability to be reliable.
- Abide by all zoo rules set forth in volunteer handbook.
- Comply to zoo crew uniform specifications and wear a nametag.



We must receive this form, completed and signed, before you can start the volunteer program

Adult Volunteer Name: _____

Address: _____

City, State, and Zip Code: _____

Home Phone: _____

Cell Phone: _____

E-Mail Address: _____

Are you currently employed? Yes No

Current Employer and position (or retired):

Are you currently volunteering at other organizations? If so, where and in what capacity?

Have you previously volunteered at a zoo? If so, in what capacity?

When are you available to volunteer?

Weekdays: M T W TH F Times: _____

Weekends: SAT SUN Times: _____

Why do you want to volunteer at Wildwood Wildlife Park?

Please describe your educational background.

What skills and strengths would you bring to Wildwood Wildlife Park?

Please list special skills/hobbies/interest:

Have you ever been convicted of a felony or misdemeanor?

Yes No

If yes, provide details, including nature and date(s) of offense, and disposition.



GENERAL RELEASE

I understand and agree that I am a volunteer (Friends of the Zoo Volunteer Group) at Wildwood Wildlife Park, Minocqua, WI, and that I am rendering services to the zoo for civic, charitable, or humanitarian reasons, without promise, expectation, or receipt of compensation. I understand that the above information is confidential and will be used only by the zoo. I must sign a waiver of liability once enrolled in the volunteer program.

PHOTO RELEASE

I irrevocably give, grant and convey to Wildwood Wildlife Park, its successors, agents and assigns, without compensation to me or the individual named on this form, from any party the absolute right and unrestricted permission to copyright and/or use and/or publish (1) the name, (2) the image or likeness on videotape, and (3) photographic pictures of the individual named on this form, for whatever purpose, including but not limited to the promotion of Wildwood Wildlife Park and its programs.

I have read and understand the Medical Release, General Release, and Photo Release

Adult Volunteer Participant Signature: _____ Date: _____

Adult volunteer must:

- Adhere to our drug-free workplace policy.
- Authorize and submit to a thorough background check.
- Dependably and enthusiastically arrive and perform volunteer tasks with an attitude and demeanor reflective of Wildwood Wildlife Park’s mission.

Return completed Volunteer form to: Wildwood Wildlife Park Volunteer Department
10094 Hwy 70 West
Minocqua, WI 54548
Phone (715) 356-5588 Fax (715) 358-3688
E-Mail nature@wildwoodwildlifepark.com