

# YOUTH VOLUNTEER APPLICATION

## (12-17 years old)

- You must be at least 12 years old to be eligible for the Youth Volunteer Program.
- Youth volunteer must be willing to commit to 25 hours per month for a three-month period.  
(Late May through Labor Day) and on weekends starting Labor Day through Mid October.
- Youth Volunteer must commit to working a minimum 4-hour shift.
- Commit to the area they are assigned to and report to work on time.
- Youth Volunteer must confirm and secure all necessary means of transportation.
- 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 volunteer program**

Youth Volunteer name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I want to volunteer because:

Do you have previous volunteer experience?

Do you participate in any clubs, organizations, or community activities? If so, please explain.

Please list special skills/hobbies/interest:

**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.

Youth Volunteer Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**PARENT/GUARDIAN PERMISSION**

I, \_\_\_\_\_, have read over the enclosed information pages and give  
(Parent/guardian name) permission

For \_\_\_\_\_ to apply for the Youth Volunteer program at Wildwood  
(Youth Volunteer name) Wildlife Park

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](mailto:nature@wildwoodwildlifepark.com)