



Charity #179

JUNIOR VOLUNTEER PROGRAMME APPLICATION FORM 2021-2022

(This is a yearly programme different from occasional Youth Volunteering at BAMZ)

| | Date: | | |
|---|--|---|--|
| | | | |
| Name: | | | |
| Last | First | Middle Initial | |
| Address | | | |
| Address: Street | Parish | Postal Code | |
| | | | |
| Phone: | | Call Phase (Passaul) | |
| Home | | Cell Phone (Personal) | |
| Email Address (personal): | Date of Bir | Date of Birth: | |
| | | | |
| School: | Gre | Grade: | |
| | | | |
| <u>Interests & Skills:</u> Please list or describe yetime. (Hobbies and skills) | our interests, skills and teams that you | are involved with, in and out of school | |
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| | | | |
| | | | |
| Emergency/contact Info- Please list two co | ntacts: | | |
| Name | Delutionekin. | | |
| Name: | Relationship: | | |
| Telephone: | Email: | | |
| | | | |
| Name: | Relationship: | | |
| Telephone: | Email: | | |





BERMUDA ZOOLOGICAL SOCIETY

SUPPORT CHARITY FOR BERMUDA AQUARIUM, MUSEUM & ZOO



| Medical Conditions: | Asthma: Yes □ No □ | | |
|---|-----------------------------------|--|--|
| | | | |
| Allergies: | Date of last Tetanus Vaccination: | | |
| List previous work and volunteer experience: | | | |
| | | | |
| Do you have previous animal care experience? | | | |
| , , | | | |
| | | | |
| Why do you want to become part of the Junior Volunteer Programs | me? | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Reference: Please provide the name of one teacher from your school who would act as a character reference. | | | |
| Please check the morning that you are available to volunteer. | Saturday Sunday | | |
| Tieuse theth me morning mur you are available to volumeer. | Juliuuy Juliuuy | | |
| Please read and sign: I understand that I will be required to volunteer one morning every weekend for a full school year and attend learning modules or field trips throughout the year. I also understand that I will be responsible to make up any hours which I miss in order to complete the programme. | | | |
| Signaturo | Date. | | |

ALL APPLICATIONS SHOULD BE SUBMITTED NO LATER THAT SEPTEMBER 15TH, 2021 FOR CONSIDERATION

Applications need be submitted via email (activities@bzs.bm).

Applications also available paperless on our website www.bzs.bm. Applications can be dropped off at the Aquarium Front Desk, attention Dr Alex Amat. For further information please call 293-2727x 2133 or email activites@bzs.bm.

