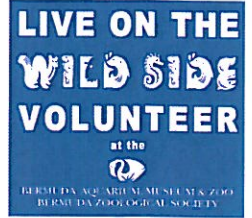




**BERMUDA ZOOLOGICAL SOCIETY**  
SUPPORT CHARITY FOR BERMUDA AQUARIUM, MUSEUM & ZOO



# VOLUNTEER APPLICATION

**Please Circle:** Mr. Mrs. Ms. Miss Dr.

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

Last

First

Middle Initial

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

Street

Parish

Postal Code

**Mailing Address:** \_\_\_\_\_

Street

Parish

Postal Code

**Phone:** \_\_\_\_\_

Home

Cell

Work

**Email address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Age:** \_\_\_\_\_

***A Copy of a photo ID is required with all volunteer applications***

**Interests & Skills:** Describe any skills, interests, or training you may have that would be an asset to volunteer service:

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Scuba Qualifications  (Advise Level) \_\_\_\_\_

**Emergency Info:** (Please list two emergency contacts)

\_\_\_\_\_  
Name Relationship Telephone

\_\_\_\_\_  
Name Relationship Telephone

## Medical Info:

Medical Conditions:

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Allergies:

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Physician's Name

Telephone

## Education Info: (Please circle the last year completed)

High School 1 2 3 4

College 1 2 3 4

Graduate 1 2 3 4

Last School Attended:

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Degree Earned

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## Employment Info:

### Current Employment:

Company

Position

My employer offers a:

time-off program for volunteers

donation matching program

### Volunteer employment:

Nonprofit organization

Position

## Personal Info:

Have you ever been convicted of, or pleaded guilty to any crime(s) Yes  No

If yes, please give details of any unspent convictions. A conviction will not necessarily exclude you from volunteering. We do consider any conviction in relation to the voluntary position.

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## Availability:

Please check the boxes below that represent your regularly available hours.

Monday AM  PM

Friday AM  PM

Tuesday AM  PM

Saturday AM  PM

Wednesday AM  PM

Sunday AM  PM

Thursday AM  PM

## Experiences:

Please circle the volunteer area(s) that is of interest to you:

Aquarium	Local Tails	Special Events
Zoo	Gardening	Turtle Scrubbing
Local Tails	Story Telling	Raffle Sales
BAMZ Ambassador/Tours	Mailings	Administration

## Volunteer Disclaimer:

By my signature below, I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application will be cause for denial or immediate termination of volunteer position regardless of how discovered. I also agree to immediately notify the Bermuda Zoological Society if I should be convicted of a crime involving dishonesty, breach of trust, controlled substance, sexual misconduct, abuse or violence while my application is pending or during my period of volunteer service.

It is policy of the Bermuda Zoological Society to afford equal opportunity to all volunteers and applicants regardless of race creed, colour, national origin, marital status, gender, sexual orientation or disability.

I understand that I will not be paid for my services as a volunteer, and that filling out an application for the programme does not guarantee acceptance into a volunteer position.

As a volunteer I am aware of all risks attendant upon activities that I undertake and I agree that BAMZ/ BZS has no responsibilities for loss damage or injury sustained in the course of acting as a volunteer.

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Applicant's Signature

Date

***BZS and BAMZ cannot guarantee volunteer placement.***

***We will, however, make every effort to match volunteer applicants to volunteer opportunities based on the needs of BZS /BAMZ and the interest and abilities of the volunteer.***

**Any questions, please contact the Volunteer Coordinator at 293-2727 ext 130**

**Return application to : Volunteer Office, The Bermuda Zoological Society, P.O. Box FL 145, Flatts FL BX ,Bermuda**