



BERMUDA ZOOLOGICAL SOCIETY

SUPPORT CHARITY FOR BERMUDA AQUARIUM, MUSEUM & ZOO

Application Form – Summer Camp Teacher 2021

Name: _____ Date of Birth (MM/DD/YY): _____

Address: _____

Telephone: (please provide 2) _____ Email: _____

Name of school if attending: _____ Grade level: _____

Name of school where teaching: _____ Grade level: _____

Are you a Bermudian or the spouse of a Bermudian? YES / NO (circle as appropriate)

Please indicate the weeks for which you are requesting employment:

- Week 1 28th June – 2nd July
- Week 2 5th July – 9th July
- Week 3 12th July – 16th July
- Week 4 19th July – 23rd July
- Week 5 2nd August – 6th August
- Week 6 9th August – 13th August
- Week 7 16th August – 20th August
- Week 8 23rd August – 27th August

With Covid restrictions unknown at this point, are you willing to teach in-person camps? yes no

Are you willing to teach hybrid camps with a Zoom introduction and in-person field trips? yes no

TEACHERS WHO HAVE NOT TAUGHT AQUA CAMP PREVIOUSLY, please answer the following:

Why are you interested in participating in Aqua Camp? _____

Relevant qualifications / present course of study: _____

Previous experience of teaching or working with children: _____

Health Information (allergies etc.): _____

Please provide contact details of two people we may call for references regarding character and work experience:

Name: _____

Name: _____

Position: _____

Position: _____

Telephone: _____

Telephone: _____



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Please check the following if you have:

- | | |
|--|--------------|
| <input type="checkbox"/> Participated in the BZS Junior Volunteer Programme | Dates: _____ |
| <input type="checkbox"/> Participated in the Nonsuch Island Natural History Camp | Dates: _____ |
| <input type="checkbox"/> Taken the BZS Natural History Course | Dates: _____ |
| <input type="checkbox"/> Participated in BAMZ/BZS Internship Programme | Dates: _____ |
| <input type="checkbox"/> Worked/volunteered at BUEI | Dates: _____ |
| <input type="checkbox"/> Worked/volunteered at the BIOS | Dates: _____ |
| <input type="checkbox"/> Participated in Aqua Camp as a child | |

Do you have a preference for the age group you teach? YES / NO (circle as appropriate)

If yes, please circle which age group(s) you would prefer to teach: **Tots** (going into P1); **Kids** (completed P1 or P2); **Fun** (completed P3 or P4); **Zoo** (completed P5 or P6); **Explorers** (completed M1 or M2)

Are you a strong swimmer and snorkeler? YES / NO (circle as appropriate)

SCUBA qualification(s)? YES / NO (circle as appropriate)

Details: _____ Date: _____
Details: _____ Date: _____

Life-saving? YES / NO (circle as appropriate)

Details: _____ Date: _____

First Aid Certification? YES / NO (circle as appropriate)

Details: _____ Date: _____

SCARS Training? YES / NO (circle as appropriate)

Details: _____ Date: _____

Signature: _____ Date: _____

Please return this form to:
Education Officer, Bermuda Zoological Society, P.O. Box FL 145, Flatts FL BX
Telephone: 293-2727 ext. 2142 – email: edofficer@bzs.bm