



BERMUDA ZOOLOGICAL SOCIETY

SUPPORT CHARITY FOR BERMUDA AQUARIUM, MUSEUM & ZOO

Application Form – Summer Camp Assistant 2020

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

Address: _____

Telephone: (please provide 2) _____ Email: _____

Name of school attending: _____ Grade level: _____

Are you a Bermudian? YES / NO (circle as appropriate)

Please indicate the weeks for which you are requesting employment:

- Week 1 29th June – 3rd July
- Week 2 6th July – 10th July
- Week 3 13th July – 17th July
- Week 4 20th July – 24th July
- Week 5 3rd August – 7th August
- Week 6 10th August – 14th August
- Week 7 17th August – 21st August
- Week 8 24th August – 28th August
- Week 9 31st August – 4th September

Why are you interested in participating in Aqua Camp? _____

Science/Social Studies courses taken at school: _____

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:

- Participated in the BZS Junior Volunteer Programme Dates: _____
- Participated in the Nonsuch Island Natural History Camp Dates: _____
- Taken the BZS Natural History Course Dates: _____
- Participated in BAMZ/BZS Internship Programme Dates: _____
- Worked/volunteered at BUEI Dates: _____
- Worked/volunteered at the BIOS Dates: _____
- 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); **Freediving** (both primary and middle school aged)

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