

SUMMER VOLUNTEER APPLICATION

Complete the following application form to be eligible for The Alaska Zoo Summer volunteer program.

NAME	Date							
Pronou	ns: Age:							
ADDRESS:								
Phone	Number: E-MAIL (required):							
PRESENT OCCUPATION								
	Please answer the following questions:							
I. What prompted you to apply as a volunteer at The Alaska Zoo?								
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-								
-								
-								
2. What is your favorite animal? (At the zoo or in general)								
-								
3.	Do you have reliable transportation?							
4.	Describe any previous volunteer, or other relevant experience:							
-								
-								
-								

WHAT DATE WOULD YOU BE AVAILABLE TO START VOLUNTEERING?									
May 1st	through A	ugust 3 lst.	Are there	es volunteers to any time confli	icts we shoul	ld know a	bout?		
Check y	our availab	oility of day	(s) and mo	rnings or afteri	noons (AM/P	'M):			
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
Am									
PM									
	st 2 refere								
Name:			Relationship:			_ Email:			
Name:			Relationship:			_ Email:			
Signatu	ıre:		I	Date:					

PLEASE FORWARD YOUR APPLICATION TO: Chelsea Vukovich at volunteer@alaskazoo.org

or Volunteer Coordinator The ALASKA ZOO 4731 O'Malley Road Anchorage AK 99507