



VOLUNTEER APPLICATION FORM

PERSONAL DETAILS

TITLE: **MR** **MRS** **MS** **MISS**

SURNAME:

GIVEN NAME:

ADDRESS: _____ **SUBURB:** _____

STATE: _____ **POSTCODE:** _____

PHONE: _____ **MOBILE:** _____

EMAIL: _____ **DOB:** _____

EMERGENCY CONTACT:

NAME:

RELATIONSHIP:

PHONE: _____ **MOBILE:** _____

Please Note: Volunteering at The National Zoo and Aquarium requires commitment. Our Zookeepers rely heavily on volunteer support. By not turning up on a day you have nominated means our keepers may not be able to complete their tasks. There is a fee of \$50 payable once accepted as a volunteer to help cover you for insurance. Volunteers are also required to purchase a NZA volunteer uniform.

Please return completed form to volunteers@nationalzoo.com.au or fax to (02) 6287 8403

National Zoo & Aquarium

P: 02 6287 8400 | W: www.nationalzoo.com.au

F: 02 6287 8401 | A: RMB999 Lady Denman Dve, Yarralumla, ACT 2600



1. Why are you interested in the volunteer program at the National Zoo & Aquarium?

2. Where did you hear about our program?

3. Have you any training or experience in this area of work?

4. Have you done any volunteer work in the past, if so, where?

5. Have you got a history of physical or mental illness that zoo staff should be aware of? (If yes, please tick the following) Yes No

<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Chronic Fatigue
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Back problems	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Repetitive strain injuries	<input type="checkbox"/> Other	

If other please specify: _____
6. Do you suffer from any allergies (e.g. fish, hay fever, mould)? Yes No
If yes please specify: _____
7. Is there anything which would make you unsuitable for certain types of volunteer activities?

8. What day do you have available for volunteer work at the zoo? All day or half day?

Applicant's signature: _____ **Date:** _____