NEW ZOO: Volunteer Application

Please complete this application form and submit it to the Volunteer Coordinator if you are interested in becoming a Northeastern Wisconsin (NEW) Zoo volunteer.

Personal Information	* Middl	a Initial	Last Nama		*	
First Name Date of Birth	Wildur	*	_ Last Name			
Note: If applicant is between		a guardian	application mu	st be submitted.		
Please list each address from the	previous 5 years:					
Current Street Address			_ How long	g?*		
City	* State	* Z	Zip	*		
Previous Address:						
Previous Address:						
Home Phone:	* Cell					
Work Phone	Can we ca	ıll you at w	ork?Yes	No		
E mail Address			*			
Driver's License Number			* Sta	te*		
Emergency Contact Informa	ation (ICE Contact))*				
1. Name:		Relations	hip:			
Home Phone:	Cell Phone:		Work Pl	none:		
2. Name:		_ Relation	ship:			
Home Phone:	Cell Phone: _		Work I	Phone:		
Experience High School:		City/St	rate:			
College:	City/State:					
Employment History						
Employer:			Start date:	End date:		
Address:						
Phone Number	Position Held:					

Employer:		Start date	e:	End date:
Address:		Supervisor:		
Phone Number:		_ Position	Held:	
Education/Special Training/Skills/ Lang	_			_
Volunteer Opportunities interested in:				
Availability Please indicate the days of the week you				
SundayMondayTuesday	_Wednesday _	Thursday	Friday	Saturday
What times are you available?MorningsAfternoon	onsA	ll Day	Week	ends Only
How many hours per week can you volu	unteer? H	ow long do yo	u plan on v	volunteering?
Personal References Please provide us with 2 references who Name Phone Number E mail Address			_	ing
NamePhone NumberE mail Address				
READ CAREFULLY BEFORE SIGN I hereby certify that all statements made on, or in and belief. I understand and agree that any misstater volunteer, dismissal. I authorize any person contacted to provide Brown information concerning any of the subjects covered by performance evaluations; work records; supervisor's misconduct. I agree to execute release authorization former employer(s). I release and hold harmless Brown formation, from any liability, related to the providing I authorize Brown County, its officers, agents, and regarding employment. I release and hold harmless information, from any liability related to the perform If accepted as a volunteer, I agree that my status a agree that volunteering is a privilege and can be terminated to the performance of the control of the performance of the perf	connection with, ments or omissions of an County any and all by the application we comments; discipling forms required by Found County, their of the ing of this information of the info	Il information regar hich may include be nary reports or lette Brown County to re ficers, agents, and each on. duct a background cor officers, agents, and is check. ds on my successfu In addition, I under	ding my emplout not limited trs; and complaquest employremployees, and heck (including employees, and that Browstand that Browstand that Browstand displayed)	pyment, education, and other to: Application of employment; aints or allegations regarding any ment records from my present and/or the person(s) providing the g criminal) prior to making a decision and the person(s) providing the f a volunteer orientation session. I als
If under 18, Parental Consent				_