Conservation Volunteer Application

GENERAL INFORMATION

If you have a preferred pronoun please indicate it here:

_____ She/Her _____ He/Him _____ They/Them _____ Other Preference

Name_____ I certify that I am age 18 or older: _____ (initial)

Cell Phone: _____ Home Phone: _____ Email: _____

Address: _____
                         Number & Street   City   State   Zip

Emergency Contact: _____
                                Name   Relationship   Phone

Are you a member of The Oakland Zoo? ☐ No ☐ Yes

Do you have any physical limitations or medical conditions that limit you from safely performing certain duties? ☐ No ☐ Yes If yes, please explain:

_____

_____

Have you ever been convicted of a crime? ☐ No ☐ Yes – Explain: _____

_____

CURRENT EMPLOYMENT ☐ Full-time ☐ Part-time

Employer _____ Position _____

EDUCATION _____

PREVOUS VOLUNTEER EXPERIENCE _____

HOBBIES, SKILLS, INTERESTS _____

Have you volunteered or worked for the Oakland Zoo before?
☐ No ☐ Yes – In what capacity?

How did you learn about the Volunteer Program?

Why are you interested in volunteering at the Oakland Zoo? What would you like to gain from your volunteer experience?

What skills or qualities do you have that would make you a good volunteer?

ZOO AND PROGRAM INFORMATION

All volunteer positions require a minimum commitment of six months.

I am available for a **morning** shift: **Sun   Mon   Tues   Wed   Thurs   Fri   Sat**

I am available for an **afternoon** shift **Sun   Mon   Tues   Wed   Thurs   Fri   Sat**

Your earliest possible start date: _____

T-shirt size (unisex sizes):   ☐ Small   ☐ Medium   ☐ Large   ☐ X-Large   ☐ XX-Large

All participants must provide proof of Covid vaccination and booster, a negative Tb test (or chest x-ray) within the last year and of a tetanus shot within the last 10 years before the interview process.

I certify that the information provided on this application is current and accurate. I understand that any falsification or misrepresentation of this or any other personal record will disqualify me from consideration or participation in the Oakland Zoo's General Volunteer Program. I understand that my ability to volunteer is dependent upon a background check and I agree to abide by all present and subsequently issued rules of the Oakland Zoo.

_____   _____
Applicant's Signature   Date

Please submit this application via email: volunteerapplication@oaklandzoo.org or via mail: Oakland Zoo Volunteer Program, P.O. Box 5238 Oakland, CA 94605