



PINE GROVE ZOO ADULT VOLUNTEER APPLICATION

1200 West Broadway
Little Falls, MN 56345
320-616-5595
info@pinegrovezoo.com

Name: _____ Application Date: _____

Address: _____

Contact Phone Number: _____

Email Address: _____

Age: _____ Are you a member of Pine Grove Zoo? _____

How did you hear about volunteering at Pine Grove Zoo?

_____ website _____ Facebook _____ radio _____ newspaper _____ friend/relative _____ other

Special skills, talents, work, travel, or volunteer experience:

What interests you most about volunteering at Pine Grove Zoo and what do you hope to gain from this experience?

References: (two adults, not relatives, you have known for at least one year current/previous employers, counselor, etc.)

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____ Phone # _____

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____ Phone # _____

Felony Conviction:

Have you ever been convicted for violation of any federal, state, county or municipal law, regulation, or ordinance?
(Do not include misdemeanor or traffic violations.) Check one: _____ Yes _____ No

What days are you available to volunteer?

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday
____ Saturday ____ Sunday

What times of the day are you available?

____ Mornings ____ Afternoons ____ Evenings ____ Weekends

In case of an emergency, whom should we notify?

Name _____ Relationship _____
Home _____ Cell _____ Work Phone _____

I certify that the information in this application is complete and correct to the best of my knowledge. I authorize the Pine Grove Zoo Volunteer Coordinator to use this information in determining my volunteer placement.

Applicant's Signature _____ Date _____

Please send / email to:

Pine Grove Zoo
Attn: Arlene
1200 W. Broadway
Little Falls, MN 56345
info@pinegrovezoo.com