



Saint Louis Zoo

Animals Always®

Winter/Spring, 2010

Dear Applicant:

The Saint Louis Zoo Education Department depends upon numerous teen volunteers to assist with educational opportunities and events throughout the year. These volunteers help teach young children and Zoo visitors about wildlife and habitat conservation, volunteer at our summer day camp, Camp KangaZoo, help with overnight programs and more. You could be asked to lead a craft or activity with Zoo visitors, escort children to the restroom, set up or clean up a Zoo birthday party, or teach visitors how to pet a sting ray. Volunteers benefit as they gain teaching experience, leadership experience, references for future employment, service hours and much more. They also learn a great deal about animals, conservation and the Zoo. Our teen volunteer educator program is called Zoo ALIVE, which stands for Active Leaders In Volunteer Education.

We would like to share this opportunity with you. To apply, complete and send in the enclosed application materials, along with a letter of recommendation from a teacher or other community leader. Feel free to copy and share the application materials with friends who would like to apply. **Applications are due April 1, 2010!** When your application is received it will be reviewed, and you will be asked to participate in a brief interview. There are a limited number of positions, so not all applicants can be accepted into the program. Applicants will be notified in mid-May, about whether or not they have been accepted as a Zoo ALIVE volunteer.

Qualifications for Zoo ALIVE are:

- 🌐 Must be at least 15 years old by June 1, 2010.
- 🌐 Must enjoy working with children. Experience working with children preferred, but not required.
- 🌐 Should be interested in animals or conservation studies, and be willing to try new things
- 🌐 We are seeking mature teens with an aptitude for leadership and responsibility, who can represent a world class organization.
- 🌐 Must be able to attend a day of orientation and training on:
Saturday, June 5th from 9 am – 4 pm or Friday, June 11th from 9 am – 4 pm.
No exceptions will be made.
- 🌐 Must be able to volunteer at least two consecutive weeks between June 14th and Aug. 13th, Monday through Thursday, 8 am – 4 pm and Thursday overnight from 6 pm to Friday, 9 am
- 🌐 Must attend a monthly meeting at the Zoo, held the first Sunday of every month, 5:30 – 7:30 pm
- 🌐 Must volunteer to help with at least 2 activities per month throughout the year.

Please note that Zoo ALIVE is NOT a summer volunteer program, but a year-round program which requires a minimum of 1 full year commitment. Please seriously consider whether you have enough time to make this commitment, and whether you have reliable transportation to the Zoo.

If you have any questions, please call me at (314) 646-4658.

Sincerely,

Eve Cooney
Youth Programs Coordinator



Saint Louis Zoo

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Zoo ALIVE! Active Leaders In Volunteer Education

Application Packet

Before you submit this packet, please make sure ALL items below are fully completed and included:

- Zoo ALIVE Application (4 pages)
- Letter of Recommendation
- St. Louis Zoo Teen Volunteer Application (2 pages)
- Request For Child Abuse Or Neglect/Criminal Record
(Please submit for either Missouri or Illinois according to your residency)
- Zoo ALIVE Medical Release/Information Form
- Proof of Age (Copy of Driver's License or Birth Certificate)
- If under 16, work permit is REQUIRED:**

-See <http://dese.mo.gov/schoollaw/freqaskques/500-1367.pdf> and/or request a work permit form from your local public school's student services office

MO Work Permit Process:

- Complete all fields in Section A and send with your other application materials by April 1.
- The Saint Louis Zoo will complete Section B and return the form to you via mail
- The form then must be taken to your superintendent or authorized designee of your public school for completion of Section C. This is true even if you attend private, parochial or home school.
- Following completion of Section C, return the fully completed form via mail to Eve Cooney at the address below.

Send completed application packet postmarked by April 1, 2010 to:
Eve Cooney, Saint Louis Zoo,
One Government Drive, St. Louis, MO 63110

Zoo ALIVE!

Active Leaders In Volunteer Education

APPLICATION

INSTRUCTIONS: Complete all four sides of this application and return it with at least one letter of recommendation from a previous employer, scout leader, teacher, etc.

Name _____

Address _____

City, State, Zip _____

Phone (h) _____ (cell) _____

E-mail address _____

We will not sell, trade or exchange your e-mail address with any third parties.

Date of birth _____ (applicants must be at least 15 years old by June 1 2010.)

School _____ Graduation date _____

How did you learn about the Zoo ALIVE program? _____

Please describe three instances which show your ability to make and keep a commitment, or that show your level of responsibility.

a. _____

b. _____

c. _____

Zoo ALIVE is a year round program. If accepted into the program, you will be required to attend a meeting on the first Sunday of each month, 5:30 – 7:30 pm. You will also be required to volunteer at least twice each month. Since we only accept volunteers once per year, it is important that we accept candidates who can commit to volunteering for the full year, June – May. Take this time to seriously consider your priorities for the upcoming year. Then, please list all of your extracurricular activities, and indicate when they would conflict with Zoo ALIVE. Use another sheet if necessary.

Extracurricular Activity	What do you love about this activity?	Will this activity conflict with Zoo ALIVE?	If so, which months, dates or times would it conflict?
<i>EXAMPLE: Sunday School Teacher</i>	<i>I love working with the kids</i>	<i>Possibly</i>	<i>I would be unable to volunteer on Sunday mornings.</i>

What are your qualities? Please rate yourself on each of the following characteristics. (5 means it REALLY describes you, 1 means it does not describe you.)

Characteristic	High				Low
I am great with kids	5	4	3	2	1
I am an animal “geek”	5	4	3	2	1
I am a conservationist	5	4	3	2	1
I am comfortable being a leader	5	4	3	2	1
I love the outdoors	5	4	3	2	1
I am comfortable talking to children I don’t know	5	4	3	2	1
I am comfortable talking to adults I don’t know	5	4	3	2	1
I have a large circle of friends	5	4	3	2	1
I am a behind-the-scenes type person	5	4	3	2	1
I am organized	5	4	3	2	1
I am willing to try new things	5	4	3	2	1

PLEASE DESCRIBE ANY WORK, VOLUNTEER OR LIFE EXPERIENCES YOU HAVE, WHICH MAY HELP YOU IN YOUR ROLE AS A VOLUNTEER ZOO EDUCATOR.

HOW DO OTHER PEOPLE DESCRIBE YOU?

WHAT WOULD MAKE YOU A GOOD ROLE MODEL FOR CHILDREN and VISITORS AT THE ZOO?

WHY DO YOU WANT TO JOIN ZOO ALIVE?

CAMP KANGAZOO

If accepted into the Zoo ALIVE program you are required to volunteer for at least two consecutive (i.e., they occur one after the other) weeks of Camp KangaZoo. Camp hours are Monday-Thursday 8:00 am – 4:00 pm, and Thursday night 6:00 pm – Friday morning 9:00 am. You are also required to attend one day of training and orientation on Saturday, June 5, 9:00 a.m. to 4:00 p.m. or Friday, June 11, 9:00 a.m. to 4:00 p.m.

Please circle the 2 weeks that you wish to volunteer at Camp KangaZoo. Then please underline all other weeks that you will be available.

June 14-18	July 19-23
June 21-25	July 26- 30
June 28 – July 2	August 2-6
July 5 - 9	August 9-13
July 12-16	

I will attend orientation on (circle one) Saturday, June 5 or Friday, June 11

PLEASE READ THE FOLLOWING AGREEMENT AND SIGN BELOW

I understand that if I am accepted into the Zoo ALIVE program I must:

- Attend orientation on June 5 or June 11
- Volunteer for two (or more) consecutive weeks at Camp KangaZoo
- Attend a monthly meeting at the Zoo (first Sundays 5:30-7:30)
- Volunteer for at least 2 activities per month

I understand that I am responsible for knowing the times/dates of meetings and activities, and I am responsible for managing my time and other activities so that I can meet these requirements. I understand that if I do not fulfill the requirements of the Zoo ALIVE program, I may be asked to leave the program.

Applicant Signature _____ Date _____

PLEASE ASK A PARENT OR LEGAL GUARDIAN TO READ THE FOLLOWING AGREEMENT AND SIGN BELOW.

I understand that my teen has applied for the Saint Louis Zoo's teen volunteer educator program, Zoo ALIVE. I understand that if accepted into this program, my teen will be required to:

- Attend orientation on June 5 or June 11
- Volunteer for two (or more) consecutive weeks at Camp KangaZoo
- Attend a monthly meeting at the Zoo
- Volunteer for at least 2 activities per month

I will help my teen to participate fully in this program by reminding him/her of her commitments and activities, and by helping to arrange or provide transportation to the Zoo for meetings and volunteer opportunities. I understand that if my teen does not fulfill the requirements of the Zoo ALIVE program, he/she may be asked to leave the program.

Parent/Guardian Signature _____ Date _____

Send completed application and a letter of recommendation by April 1, 2010 to:
Eve Cooney, Saint Louis Zoo, One Government Drive, St. Louis, MO 63110



Saint Louis Zoo

Animals Always®

Teen Volunteer Application (Zoo ALIVE)

Name _____
(Last) (First) (MI)

Address _____

Home Phone () _____ City _____ State _____ Zip Code _____
Cell _____ E-mail _____

Parent/Guardian Name: _____

Parent/Guardian Address (if different than yours): _____

Parent/Guardian Work Phone: () _____ Cell Phone: () _____

How did you learn about our Teen Volunteer Opportunities?

Are you required to volunteer for high school graduation? Yes No

If yes: How many hours are you required to complete? _____

Current High School: _____

Address: _____

School Phone Number: _____

Current Grade Level: _____

Signature of School Counselor: _____

I UNDERSTAND AND CERTIFY THAT:

- **THE INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT; AND MAY BE VERIFIED BY CONTACTING PERSONS OR ORGANIZATIONS NAMED IN THIS APPLICATION. I HEREBY RELEASE AND AGREE TO HOLD HARMLESS FROM LIABILITY ANY PERSON OR ORGANIZATION THAT PROVIDES INFORMATION.**
- **I VOLUNTARILY OFFER MY SERVICES WITH A CLEAR UNDERSTANDING THAT THERE WILL BE NO MONETARY COMPENSATION OR PROMISE OF FUTURE EMPLOYMENT WITH THE SAINT LOUIS ZOO.**
- **I WILL ADHERE TO THE SAINT LOUIS ZOO AND THE SAINT LOUIS ZOO FRIENDS ASSOCIATION VOLUNTEER POLICIES AND PROCEDURES.**
- **I WILL READILY ACCEPT TRAINING AND SUPERVISION FROM ZOO STAFF AND ZOO VOLUNTEERS.**
- **I WILL BE COURTEOUS TO ALL ZOO VISITORS.**

SIGNATURE

DATE

In consideration of the Zoological Subdistrict of the Metropolitan Zoological Park and Museum District (owners and operators of the Saint Louis Zoological Park located in Forest Park in the city of Saint Louis, Missouri) granting the undersigned the privilege of working as a volunteer at the Saint Louis Zoological Park, and recognizing and acknowledging the dangers and hazards in such volunteer work, and acknowledging that the Zoological Park staff has informed the undersigned of such dangers and hazards, the undersigned (and the Parent/Legal Guardian of the undersigned, if under 18 years of age) hereby promise and agree to refrain from any and all claims, actions, cause of actions, of any type whatsoever arising out of such volunteer work directly or indirectly, that the undersigned may have, or in the future may have, against the said Zoological Subdistrict, its employees, agents and servants, unless caused by the negligence or misconduct of one of said parties.

Signature of Volunteer Worker

Date

Parent/Legal Guardian (if under 18 years of age)

Date

An Equal Opportunity Employer

Zoo Alive/Teen Volunteer Medical Release/Information Form

Name _____ Birth date _____ Age _____ Gender _____
(Last) (First)

Parent or guardians' names _____

Parent's Home phone _____ Parent's Work phone _____

Parent's cell phone _____ Parent's pager or other _____

Address: _____
(Street/#) (City) (State) (Zip)

Below please write any medical or health information that we should know about you. Include allergies (food, animal, etc.), medical conditions (ie diabetes, asthma, etc.), medications that you will be taking, etc. Are there any activities in which you should not participate? (ex. hiking, caving, swimming, etc)

Please name two people we may contact in the event of an emergency:

1) _____
(Name) (Relationship) (Home phone) (Alternate phone)

2) _____
(Name) (Relationship) (Home phone) (Alternate phone)

Family Physician: _____ Phone: _____

Address: _____
(Street/#) (City) (State) (Zip)

Medical Insurance Carrier: _____ Policy #: _____

IN CASE OF EMERGENCY – I understand that when medically feasible, every effort will be made to contact the parents, and then other emergency contacts listed above. In the event neither parents nor my emergency contacts can be reached, I understand that the Zoo ALIVE volunteer will be taken to the nearest appropriate hospital for immediate care.

Parent/Guardian Signature _____ Date _____
(if volunteer is under 18 years of age)

Volunteer Signature _____ Date _____
(if volunteer is 18 years of age or older)