



## ZooTeen Volunteer Application Packet

We encourage teens to work with a parent or guardian to complete this packet. When you have completed this ZooTeen Volunteer Application Packet, please contact Volunteer Services at (314)646-4661 to schedule an interview. All interviews must take place **between February 1 and April 1**. This packet will be collected during the interview.

### ZooTeen Volunteer Application Packet Contents and Instructions

#### I. ZooTeen Volunteer Application

- a. General Applicant and School Information
- b. Two Essay Questions
- c. One Letter of Recommendation
- d. Schedule Preference Sheet
- e. Volunteer Agreement

#### II. Request for Child Abuse or Neglect/Criminal Record

##### Missouri Residents:

- Please complete the **Missouri** background check form
  - Please note: to be considered completed, **BOTH** the birthdate and social security number must be filled out on the background check form.

##### Illinois Residents:

- Illinois residents must complete **BOTH** the Missouri and Illinois background check forms.
  - **Missouri** background check form
    - Please note: to be considered completed, **BOTH** the birth date and social security number must be filled out on the background check form.
  - **Illinois** background check form
    - This form must be signed by a parent or legal guardian.

\*\*\*The Saint Louis Zoo will send the completed background forms and fees on your behalf; do not submit the form yourself. Include your signature in ink where indicated.

If you have any questions about this application process, please feel free to contact Volunteer Services at 314-646-4661 or [volunteerservices@stlzoo.org](mailto:volunteerservices@stlzoo.org).



# ZooTeen Volunteer Application

**Instructions:** All applicants must be at least 15 years of age by Volunteer Orientation date (please see website). When you have completed this Volunteer Application and background check form(s), please contact Volunteer Services at (314)646-4670 to schedule an interview. **Applications and background check forms will be collected during the interview.** We encourage teens to work with a parent or guardian to complete this application.

## APPLICANT INFORMATION:

Name \_\_\_\_\_  
(Last) (First) (MI)

Address \_\_\_\_\_  
City State Zip Code

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address (if different from yours): \_\_\_\_\_

Parent/Guardian Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

How did you learn about our Teen Volunteer Opportunities?

## SCHOOL INFORMATION:

Name of High School: \_\_\_\_\_

Address: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

Last Grade Level Completed: \_\_\_\_\_

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

If yes, how many hours are you required to complete? \_\_\_\_\_

Signature of School Counselor (if service hours are required for school): \_\_\_\_\_



**SCHEDULE PREFERENCE SHEET:**

**As a teen volunteer, you are committing to volunteer for one (1) or more shifts, (4 hours per shift) weekly during summer.** Are you available and willing to accept this responsibility? Yes No

Please indicate your preference for volunteering in the Children’s Zoo, Insectarium/Butterfly Wing, Safari Gift Shop or as a Junior Docent (please see website for area descriptions):

First choice: \_\_\_\_\_ Second choice: \_\_\_\_\_

Third choice: \_\_\_\_\_ Fourth Choice: \_\_\_\_\_

Would you like to volunteer in more than one area? If you mark yes, this means you will volunteer at least 2 days/week.

Yes No

How many days/week would you like to volunteer this summer? (Choose One)

Last day of school this summer: \_\_\_\_\_

First day of school in the fall: \_\_\_\_\_

Please check **at least 3 times** you are available to volunteer this summer. Do not leave this section blank. **Your summer schedule will be confirmed within 2 weeks after Orientation.** Changes to this availability may limit your volunteer shifts.

| SUNDAY   | MONDAY   | TUESDAY  | WEDNESDAY | THURSDAY | FRIDAY   | SATURDAY |
|----------|----------|----------|-----------|----------|----------|----------|
| 8am-12pm | 8am-12pm | 8am-12pm | 8am-12pm  | 8am-12pm | 8am-12pm | 8am-12pm |
| 12pm-4pm | 12pm-4pm | 12pm-4pm | 12pm-4pm  | 12pm-4pm | 12pm-4pm | 12pm-4pm |
| 4pm-7pm  |          |          |           |          | 4pm-7pm  | 4pm-7pm  |

When do you prefer to volunteer? (Choose **all** that apply) Mornings Afternoons Evenings

**Please list any additional availability comments and/or days you are unable to volunteer** (such as known vacation dates, extracurricular activities, other volunteer or work commitments, etc.) below:

**VOLUNTEER AGREEMENT:**

**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.**

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**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.**

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**Signature of Volunteer Applicant**

**Date**

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**Signature of Parent/Legal Guardian**

**Date**

**An Equal Opportunity Employer**

**REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD**

|  |  |
|--|--|
| TYPE OF SERVICE (Check ALL that apply) See reverse side for further instructions.<br><input checked="" type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge<br><input type="checkbox"/> (2) Name Search - (\$13.00) and CD Central Registry Child Abuse Search<br><input type="checkbox"/> (3) Fingerprint Search & CD Central Registry Child Abuse Search<br><input type="checkbox"/> \$14.00 (Authorized Statute 210.487)<br><input type="checkbox"/> \$20.00 (All other request) | TYPE OF DAYCARE PROVIDER<br><input type="checkbox"/> (1) License<br><input type="checkbox"/> (2) License Exempt<br><input type="checkbox"/> (3) Registered |
|--|--|

**IDENTIFYING DATA (Please type or print information legibly in ink.) The subject of the request must complete the next section and sign.**

APPLICANT'S NAME (Last, First, MI, Jr., Sr., III)

|               |                          |                                   |     |      |
|---------------|--------------------------|-----------------------------------|-----|------|
| MAIDEN NAME   | DATE OF BIRTH (MM/DD/YY) | STATE OF BIRTH                    | SEX | RACE |
| ALIAS NAME(S) | SOCIAL SECURITY NUMBER   | DRIVER'S LICENSE NUMBER / STATE / |     |      |

ADDRESSES FOR PAST 5 YEARS

| STREET | CITY | STATE | STREET | CITY | STATE |
|--------|------|-------|--------|------|-------|
|        |      |       |        |      |       |
|        |      |       |        |      |       |

Have you ever been found guilty to or been convicted of any criminal act in this state or any state?

YES (Complete section below)     NO, I have not been found guilty to or been convicted of any criminal offense in this state or any state.

| DATE | CITY | STATE | COUNTY | CIRCUMSTANCES (Identify charges, attach separate page, if necessary.) |
|------|------|-------|--------|---|
|      |      |       |        |   |
|      |      |       |        |   |

Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Children's Division in this state or any state?

YES (Complete section below)     NO, I have not been substantiated as a perpetrator in any child abuse or neglect report.

| DATE | CITY | STATE | COUNTY | CIRCUMSTANCES (Attach separate page, if necessary.) |
|------|------|-------|--------|---|
|      |      |       |        |   |
|      |      |       |        |   |

**The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to the Department of Social Services to obtain any and all information needed to process my request and to use the information as permitted by law.**

|  |   |
|--|---|
| SIGNATURE OF APPLICANT (REQUIRED IN INK) | DATE  |
| SIGNATURE OF REQUESTOR (Required in ink) | DATE  |
| TITLE OF CHILD CARE PROVIDER             | TELEPHONE<br><b>(314) 646-4670</b>          |
| STATE AGENCY<br><b>Saint Louis Zoo</b>   | STATE VENDOR OR CONTACT NO. (If applicable) |

CHECK APPROPRIATE BOX

|  |  |   |
|--|--|---|
| <input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT | <input type="checkbox"/> DOH / CCB CHILD CARE BUREAU | <input type="checkbox"/> SCHOOLS / PUBLIC AND PRIVATE |
| <input type="checkbox"/> CHILD CARE RELATED VOLUNTEER  | <input type="checkbox"/> DMH / DMH VENDOR            | <input type="checkbox"/> CD CONTRACT PROVIDER         |
| <input type="checkbox"/> CD LICENSURE                  | <input type="checkbox"/> HEALTH CARE                 | <input type="checkbox"/> OTHER _____                  |

|  |                                  |                 |           |                                  |         |                      |                       |                     |   |
|--|----------------------------------|-----------------|-----------|----------------------------------|---------|----------------------|-----------------------|---------------------|---|
| <p><b>COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION)</b><br/>                 Complete your mailing label below<br/>                 Confidential Mail</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">AGENCY NAME</td> <td>Saint Louis Zoo</td> </tr> <tr> <td>ATTENTION</td> <td>Department of Volunteer Services</td> </tr> <tr> <td>ADDRESS</td> <td>One Government Drive</td> </tr> <tr> <td>CITY, STATE, ZIP CODE</td> <td>St. Louis, MO 63110</td> </tr> </table> | AGENCY NAME                      | Saint Louis Zoo | ATTENTION | Department of Volunteer Services | ADDRESS | One Government Drive | CITY, STATE, ZIP CODE | St. Louis, MO 63110 | <p><b>SEND FEE &amp; FORM TO:</b></p> <p>Missouri State Highway Patrol<br/>                 Criminal Justice Information Services Division<br/>                 P.O. Box 9500<br/>                 Jefferson city, MO 65102</p> |
| AGENCY NAME  | Saint Louis Zoo                  |                 |           |                                  |         |                      |                       |                     |   |
| ATTENTION  | Department of Volunteer Services |                 |           |                                  |         |                      |                       |                     |   |
| ADDRESS  | One Government Drive             |                 |           |                                  |         |                      |                       |                     |   |
| CITY, STATE, ZIP CODE  | St. Louis, MO 63110              |                 |           |                                  |         |                      |                       |                     |   |

The purpose of this form is to provide information available to child care agencies including volunteer agencies. The records you receive will be based on the search options you select. The Missouri State Highway Patrol will respond when you choose option 2 or 3. The Missouri Children's Division will respond when you choose option 1, 2, or 3. Direct questions regarding criminal records to the Missouri State Highway Patrol (573-526-6153); direct questions regarding child abuse or neglect to the Children's Division (573-526-1438, TT: 1-800-735-2466).

**The information on this form, and responses generated as a result of this form, are confidential. Any person disclosing the information in violation of 43.540, 589.400, RSMo. and/or 210.150 RSMo. is guilty of a class A misdemeanor.**

For information on how to participate in the Child Abuse/Neglect Central Registry examination program, submit a written request from the CEO, owner, director, etc. of your child care related group or organization to: **Director, Children's Division, P.O. Box 88, Jefferson City, MO 65103.**

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**PROCESSING FEE SCHEDULE INFORMATION (43.527 AND 43.530 RSMo.)**

By checking boxes 1 thru 3 on the front page of this form, the following applies:

1. CD Central Registry Child Abuse Search Only - No Charge Provides information obtained from the Children's Division Central Registry only. The Children's Division (CD) Central Registry screening will reflect information contained in the CD database. Any questions about the accuracy of that information should be directed to the CD office in the residential county of the applicant or the county of employment if the applicant is not a Missouri resident.
  - a) Complete the request form.
  - b) Mail completed form to: **Missouri Children's Division, Background Screening / Investigations Unit, P.O. Box 88, Jefferson City, MO 65103.**
  
2. Name Search - \$13.00 Provides open records obtained from the Missouri Criminal Record Repository and information from Missouri Children's Division Central Registry.
  - a) Complete the request form.
  - b) Make a check or money order for \$13.00 payable to "State of Missouri Criminal Records System."
  - c) Mail completed form and check or money order to: **Missouri State Highway Patrol, Criminal Justice Information Services Division, P.O. Box 9500, Jefferson City, MO 65102.**
  
3. Fingerprint Search - \$14.00/\$20.00 Provides open and closed records with positive identification obtained from the Missouri Criminal Records Repository and information from Missouri Children's Division Central Registry.
  - a) Complete the request form.
  - b) Obtain fingerprints on: Applicant card FD-258. Official taking fingerprints must verify identity of person fingerprinted with an official id such as a driver's license and sign the card as the person taking the fingerprints. Complete the rest of the card as applicable.
  - c) Make a check or money order for \$14.00/\$20.00 payable to "State of Missouri Criminal Records System."
  - d) Mail completed forms and check or money order to: **Missouri State Highway Patrol, Criminal Justice Information Services Division, P.O. Box 9500, Jefferson City, MO 65102.**

**OPEN RECORDS** - convictions, charges pending, arrests less than thirty days old, and suspended imposition of sentence during probation.

**CLOSED RECORDS** - charges not filed, not prosecuted, dismissed, or subject found not guilty or suspended imposition of sentence after probation.

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SPACE RESERVED FOR MSHP/CD RESPONSE STAMP

**AUTHORIZATION FOR BACKGROUND CHECK**  
Child Abuse and Neglect Tracking System (CANTS)

**For Programs NOT Licensed by DCFS**

**NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.**

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Gender (circle): Male Female Race: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/Apt #  
\_\_\_\_\_  
City State Zip Code

List all addresses at which you have resided in the past five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List maiden name and/or all other names by which you have been known: (last, first, middle)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

\_\_\_\_\_  
Signed Date

Please type, use bold letters or label:

\_\_\_\_\_  
Saint Louis Zoo \_\_\_\_\_  
\_\_\_\_\_  
Katie Emerick \_\_\_\_\_  
\_\_\_\_\_  
One Government Drive \_\_\_\_\_  
\_\_\_\_\_  
Saint Louis MO 63110

\_\_\_\_\_  
Signed Date  
This form must be signed by a parent or legal guardian if  
under 18 years old.

