



I am interested in this/these volunteer position(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Ambassador                      | <input type="checkbox"/> Keeper Aide    |
| <input type="checkbox"/> Commissary                      | <input type="checkbox"/> Research       |
| <input type="checkbox"/> Education (Kids) – Zoo          | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Horticulture                    | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Hospital                        |   |
| <input type="checkbox"/> Interpretive “Guide” – Zoo      |   |
| <input type="checkbox"/> Interpretive “Guide” – Aquarium |   |

# volunteer application

The Dallas Zoo and Children’s Aquarium at Fair Park

Please complete **ALL** information on the form(s) and sign the application and waiver of liability.

Include **COMPLETE** addresses, ZIP Codes and email address (*print, please*).

\*Please obtain your Medical and Personal References yourself (they may be faxed or mailed separately).

**Mail the completed application to:**

**Dallas Zoo Volunteer Department  
650 South R. L. Thornton Freeway  
Dallas, Texas 75203-3013**

**EMAIL: [volunteers@dallaszoo.com](mailto:volunteers@dallaszoo.com)**

**FAX: 469.554.7360**

**Applicant**

**Received** \_\_\_\_\_



# Dallas Zoo and Aquarium Volunteer Application

Name (Last / First / Middle) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ - \_\_\_\_\_  
 (+4 digit extension)

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Ext: \_\_\_\_\_ FAX No: \_\_\_\_\_

E-mail address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Employment (*Circle One*): Not Employed    Employed    Retired    Student

Place of Employment: \_\_\_\_\_

Education: High School    College    Graduate School    Major: \_\_\_\_\_

Married: **Yes No**    DZS Member: **Yes No**

Time Available: Weekdays    Weekends    Weekdays & Weekends

A negative Tb test result is required prior to ALL volunteer placements. The **ONLY** acceptable test is the one referred to as "**MANTOUX**." Proof of a negative Tb test is required prior to placement.  
 Date of Test: Month \_\_\_\_\_ Year \_\_\_\_\_

Previous Volunteer Experience \_\_\_\_\_

Do you have children at home under age 12? **Yes No**

Do you have experience with animals? (*specify*) \_\_\_\_\_

### \*\*\* **EMERGENCY CONTACT** \*\*\*

Name: \_\_\_\_\_

Relationship to you \_\_\_\_\_ Phone ( ) \_\_\_\_\_

FAX ( ) \_\_\_\_\_



Do you have birds in your home as pets? **Yes No**

Do you have an aversion to certain animals? *(specify)*

How did you learn about volunteering at the Zoo?

- Newspaper
- Another Zoo Volunteer
- Dallas Zoo website
- Junior League
- Special Presentation
- Public Service Announcement
- Other (specify) \_\_\_\_\_

Automobile Insurance Carrier

Please Circle all that apply: *COLLISION LIABILITY*

\*\*\*\*\*

**To ensure the safety of our volunteers and our animals, it is necessary to have the following information from you, to aid in your proper placement at the Zoo:**

Are you immune-compromised? **Yes No**  
*(Chemotherapy patient, or any disease affecting your immune system.)*

Do you have any allergies? *(specify)*

Do you have any chronic viral infections, such as cold sores or hepatitis? **Yes No**

Do you have, or have you had chronic respiratory problems? **Yes No**  
If yes, explain:

Do you or any members of your immediate family have a history of chronic medical problems? **Yes No**  
If yes, will this affect the job you will do? **Yes No**

I agree to make a minimum commitment of one year to my volunteer responsibilities and to abide by all volunteer department policies. I pledge to be a positive representative of the Zoo.

Date \_\_\_\_\_ Signature \_\_\_\_\_



# Emergency Medical Form

**Please fill out and return to the Volunteer Office. This form MUST be kept up to date at all times.**

**Volunteer:** \_\_\_\_\_

**In Case of Emergency, Contact:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Telephone Number(s):** \_\_\_\_\_  
\_\_\_\_\_

**Name of physician:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
\_\_\_\_\_

**PERTINENT MEDICAL INFORMATION:** *(List any allergies, immunity problems, respiratory conditions, etc.)*

In case of emergency, you will be transported to the nearest qualified medical facility. Attempts will be made to reach your emergency contact and your physician.

\_\_\_\_\_  
Volunteer Signature \_\_\_\_\_  
Date

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(to be completed by volunteer department)

**Workday(s):** \_\_\_\_\_ **Area(s):** \_\_\_\_\_

**Supervisor(s):** \_\_\_\_\_



# Medical Reference Form

You have been given as a **medical reference** by \_\_\_\_\_, who has applied for volunteer service with the Dallas Zoo, subject to medical clearance. The signature below indicates the applicant's willingness to have you release confidential information to the Dallas Zoological Society. Your response is required in order to process this application; therefore, your prompt reply is greatly appreciated.

\_\_\_\_\_  
**Signature of Applicant**

.....  
I would rate this applicant's health:

**Excellent      Good      Fair      Poor**

Are there any restrictions which you deem necessary because of physical limitations? If so, please describe: (Note: some volunteer positions require the ability to lift up to 50 pounds and to perform physically demanding work in all weather conditions.)

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

Are there any restrictions which you deem necessary because of mental/emotional limitations? (e.g. Would this person have difficulty following directions or interacting effectively with the public?) If so, please elaborate:

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

Because of the possibility of placement in an area where contact with exotic animals is likely, there is some risk of exposure to potential pathogens and zoonotic disease agents such as cryptosporidiosis and nematode parasites. In your opinion:

Would such exposure constitute a significant risk to this person's health?

**Yes      No**

Taking allergies into account, would you have any reason *not* to approve him/her for direct contact with a variety of birds, mammals and reptiles, their feed or their housing enclosures?

**Yes      No**

Some of the Zoo's animals are very susceptible to certain human diseases. Would this person constitute a threat to the animals' health if this person were preparing animal food or in direct contact with the animal?

**Yes      No**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Physician's Signature**



# Personal Reference Form

You have been given as a **personal reference** by \_\_\_\_\_, who has made application with us as a volunteer. It will be of great help judging this applicant's qualifications if you will answer the questions below. Please be completely honest, as this helps us in placing the applicant. The information will be appreciated and kept strictly confidential.

How long have you known this person?

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In what capacity?

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Tell us about the applicant's health, to the best of your knowledge.

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In your opinion, how well would this person work in a public area?

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Is the applicant:	Dependable _____	Honest _____
	Courteous _____	Cooperative _____

Additional comments:

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



## Dallas Zoological Society Background Verification Release Form

**AGENCY INFORMATION**

Date	Agency Name <b>Dallas Zoological Society</b>		
Contact Name <b>Amy Glover</b>			
Agency's Main Phone Number <b>469.554.7450</b>		Agency's Fax Number <b>469.554.7360</b>	

**APPLICANT INFORMATION:**

Applicant Full Name (Last, First, MI)			Maiden or Other Name(s) Used	
Current Address				
City		State	Zip Code	County
Social Security Number	Date of Birth	Driver's License Number		State Issued
Position Applied For				
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Race</b> <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		

I hereby authorize the Dallas Zoological Society, VERIFYI and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by the Dallas Zoological Society and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge the Dallas Zoological Society, VERIFYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VeriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature  
(if under 18 years of age)



### Pet Bird Questionnaire

Your Name: \_\_\_\_\_

Other than at the Dallas Zoo, do you have contact with birds or bird products?

Yes / No

If your answer is yes please check all that apply:

- I have live poultry (chicken, quail, turkey, duck or geese) and at my home.
- I hunt, help process, and/or consume game birds (e.g. ducks, goose, quails, doves, turkeys, chukar, pheasants).
- I own and/or help care for pet birds. These birds are kept:  
 indoors only     outdoors     both indoors and outdoors
- I feed wild birds or maintain a bird feeder.
- I volunteer/work at another facility that houses and manages birds.
- I work in a poultry processing plant.
- I work with bird by-products (e.g. avian waste fertilizer, feathers, bones, skins, etc.)
- Other (please explain)

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Other than at the Dallas Zoo, do you interact with anyone who has contact with birds or bird products.

Yes / No

If your answer is yes, please check all that apply. Please indicate if your interaction is frequent or infrequent.

- I frequently/infrequently interact with someone who keeps live poultry at their home.
- I frequently/infrequently interact with someone who hunts, helps process, and/or consumes game birds.
- I frequently/infrequently interact with someone who owns and cares for pet birds.
- I frequently/infrequently interact with someone who feeds wild birds.
- I frequently/infrequently interact with someone who works in the poultry industry.
- I frequently/infrequently interact with someone who uses bird by-products (e.g. avian waste fertilizer, feathers, bones, skins, etc.)
- Other (please explain)

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_