

## **AUSTRALIA ZOO**

**VOLUNTEER PROGRAM** 

## HIGH SCHOOL WORK EXPERIENCE APPLICATION FORM

## BEFORE APPLYING, PLEASE READ THE AUSTRALIA ZOO 'INTRODUCTION TO ZOO KEEPING' PROGRAM GUIDE FOR PARTICIPANTS AND PARENTS.

Please forward your completed application, picture and resume to:

volunteers@australiazoo.com.au

## **PICTURE**

(THIS IS REQUIRED FOR SECURITY PURPOSES)

Please include a separate picture (JPEG format) when submitting your application via email or a small printed picture when submitting by mail.

YOUR APPLICATION
WILL NOT BE PROCESSED
WITHOUT ALL REQUIRED
INFORMATION, INCLUDING
A PICTURE.

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		STATE:			POS	TCODE:		
М	OBILE:				HOME I	PHONE:		
١	EMAIL: AGE:							
DATE OF BIRTH (minimum age is 14 years/for identification purposes also - DD/MM/YYYY):								
EMERGENCY CONTACT PERSON:								
RELATIONSHIP TO YOU:								
EMERGENC		ADDRESS:						
CONTACT	DETAILS:	PHONE:						
SCHOOL NAME:								
SCHOOL CONTACT PERSON'S NAME:	SCHOOL CONTAC PERSON'S POSITION							
SCHOOL CONTACT PERSON'S EMAIL:	SCHOOL CONTACT PERSON'S PHONE/ MOBILE NUMBER:							
WHICH PROGRAM/S ARE YOU APPLYING FOR? (Provide in DD/MM/YYYY format) Please note applications are open on a term by term basis		FROM:			TO:			

PLEASE PROVIDE REFEREES THAT MAY BE CONTACTED:								
PERSONAL REFEREES (REQUIRED)								
	FIRST PERS	ONAL REFEREE			SECONI	PERSONAL I	REFEREE	
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DO VOU C	IIPPENTI Y PAR	TICIPATE IN AN	Y OTHER ANIMAI	-RELATED A	CTIVITIES	(PAID OR VOL	ΙΙΝΤΔΡΥ)	
			DLOGICAL/AGRIC					
ARE THERE ANY MEDICAL/HEALTH ISSUES OR PHYSICAL LIMITATIONS THAT COULD IMPACT ON YOUR ABILITY TO PERFORM YOUR VOLUNTEER ROLE OR WE MAY NEED TO BE AWARE OF TO ENSURE YOUR SAFETY WHILE VOLUNTEERING? (PLEASE STATE):								
PLEASE NOTE: Australia Zoo has a commitment to ensuring a safe workplace for all members of the team. Disclosure of medical/								
health considerations or physical limitations that could impact your ability to perform any volunteer activities is required in order to ensure appropriate provisions are in place. Non-disclosure may result in an inability to proceed with program placement.								
		SHIRT FOR YOU BLE OPTIONS (P.		IG YOUR VOLU	JNTEER A	CTIVITIES, PL	EASE SELECT FR	ОМ
MENS (/	AUSTRALIA):	SMALL:	MEDIUM:	LARG	E:	X-LARGE:	XX-LARGE:	
WOMENS (/	AUSTRALIA):	SIZE 10:	SIZE 12:	SIZE 1	. <b>4</b> :	SIZE 16:	SIZE 18:	
IF YOU REQUIRE A SHIRT SIZE NOT LISTED ABOVE, PLEASE SPECIFY:								
PLEASE ANSWER THE FOLLOWING QUESTIONS								
PLEASE ANSWER THE FULLOWING QUESTIONS								
WHAT PROMPTED YOU TO APPLY TO VOLUNTEER AT AUSTRALIA ZOO?								

HOW DO YOU/WOULD YOU LIKE TO CONTRIBUTE TO ANIMAL CONSERVATION AND EDUCATION?				
WHAT DO YOU BELIEVE OR HOPE THE VOLUNTEER EXPERIENCE	CE WILL PROVIDE YOU WITH?			
WHAT ARE YOUR 3 MAIN STRENGTHS AND HOW WOULD YOU AP	PLY THEM AT AUSTRALIA ZOO?			
PLEASE NOTE BEFORE SUBMITTING	YOUR APPLICATION			
Please ensure you include all requested support information and application. This includes current resume/CV and photo image. Your employment history, skills and any volunteer experience. Application information is provided. Please note that associated delays in processing the second content of the sec	resume/CV should include your ns will not be processed unless all			
2. Due to the high interest levels in Australia Zoo Volunteer Programs, Australia Zoo reserves the right to select the most suitable applicants for available placements within programs.				
<ol> <li>By signing and submitted this volunteer application form you declare that: 'I have completed these forms myself and declare that all the information included herein is correct to the best of my knowledge'.</li> </ol>				
<b>4.</b> Australia Zoo have a commitment to ensuring a safe workplace for all members of the team. All participants on volunteer programs will be required to comply with all Workplace Health and Safety procedures, policies and guidelines determined by Australia Zoo.				
Failure to comply with these and other relevant operational policies, procedures and guidelines may result in a review of program participation.				
APPLICANT SIGNATURE:	DATE:			
PARENT/GUARDIAN SIGNATURE:	DATE:			