



CINCINNATI ZOO & BOTANICAL GARDEN 2012 VolunTeen Application

(Read carefully and complete the entire application.)
If your application packet is incomplete it will be returned.

Circle your polo shirt size (adult sizes):

S M L XL

Please Print Legibly (in pen)

Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Age: _____ Birth date: _____

Current e-mail address: _____

School: _____ Grade next fall: _____

**** You must rank all of the opportunities for which you are qualified below in order of preference.**

Except for the Education and Children's Zoo TRIBE positions, these opportunities require at least one shift per week throughout the summer. **If you are unable to commit to at least 40 hours per summer, please reconsider applying.**

_____ Education T.E.A.M. Teachers Aide*

_____ Horticulture Garden Ambassador

_____ Education T.E.A.M. Leader
(**must be 15 with 2 years Team experience**)

_____ Horticulture Garden Assistant

_____ Green Teen

_____ Zoo TRIBE (**140 hour requirement**)

*T.E.A.M. Teachers' Aides and T.E.A.M. Leaders will be asked to choose which **weeks** (Monday through Friday) he/she will work throughout the summer.

Note: We work to give selected applicants their first or second choice, but space is limited. Unfortunately due to the number of applications that we receive for this competitive program, we are only able to respond to those applicants who best match our openings.

Many times we receive applications from teens who are equally qualified and so we look at other factors in our selection process, such as the date the application was received. We **strongly** encourage you to mail your application packet into our office as soon as possible! **Only mailed applications that are postmarked by February 28, 2012 will be considered.**

VolunTeens are needed every day of the week, including weekends. Please tell us your preferred day(s) and time of day (am/pm or all day). We prefer T.E.A.M. teens to sign up for all-day shifts. Tell us the day(s) or week(s) you cannot work due to other commitments or vacations.

What date are you available to begin the Zoo's summer program? _____

The program officially begins the first week in June, unless otherwise notified.

This application must be completed by the teen, not by the parent, and **mailed** to us by **March 1st**. Send your complete application and paper interview form, check for \$15 (payable to **Cincinnati Zoo**) and 2 letters of recommendation **together in one envelope** to:

**VolunTeen Program, Cincinnati Zoo Volunteer Services Office
3400 Vine Street, Cincinnati, OH 45220-1399**

To the parent or guardian: Please read and sign the following:

I give my permission for my child to participate in the Cincinnati Zoo's VolunTeen Program.

My child may be photographed for public relations purposes.



Signature: _____ Date: _____

In case of emergency, contact: _____

Relationship to teen: _____ Daytime phone number: _____

List any physical or medical limitations, including allergies, of your teen: _____

Physician name: _____ Phone: _____

Dentist name: _____ Phone: _____

In an emergency, if the parent/guardian or designated Physician/Dentist cannot be reached, I authorize the Cincinnati Zoo to transport and/or obtain medical services from a hospital/doctor of their choice for my child.

Parent/Guardian signature: _____ Date: _____