



Position Announcement Roger Williams Park Zoo Crew Teacher 2012

Title: Zoo Crew Teacher

Purpose: Zoo Crew Teachers act as on-grounds environmental educators at the Zoo using a variety of props and their training.

Qualifications: ☺Enthusiasm for conservation and wildlife preservation ☺Willingness to develop public speaking skills ☺Ability to engage children and adults in learning about the environment ☺ Friendliness and reliability ☺**Must attend trainings on March 1, 8, 15, 22, and 24. A supportive adult must join the training class on March 22 from 7:30 to 9pm.**

Interested? Please complete the following steps. Only complete applications will be considered.

1. Fill out the general application
2. Complete the Zoo Crew Teacher Questionnaire (included in this packet)
3. Submit a letter of reference from an adult who can speak about your experience, character, and sense of responsibility. This letter can be from a teacher, coach, employer, church leader, or any other non-relative with whom you have worked or volunteered.
4. Write a one-to-two page essay on **one** of the following topics:
 - a. What do you think is the biggest conservation issue facing your generation and why?
 - b. Explain your personal connection to Roger Williams Park Zoo or zoos in general.

The Process:

After we have received your completed application, we will contact you to schedule an interview in February (please see schedule on the next page). At the end of February, applicants will be notified if they have been accepted into the program. There are a limited number of positions available. Please apply only if you are serious about your role and committed to the strict time requirements. If you are not accepted, then we hope that you will apply again next year.

Questions:

If you have them, I want to hear them! You can reach either Susannah Brooks or Katie Wood by email at zoocrew@rwpzoo.org, or by phone at 401-785-3510 x 356 or x408.

Thank you for taking the time to learn about what it takes to become a Zoo Crew Teacher! We can't wait to learn more about you. Please complete the following materials and submit them by **February 1st**.

**Zoo Crew Coordinator
Roger Williams Park Zoo
1000 Elmwood Ave.
Providence, RI 02909
zoocrew@rwpzoo.org**

**Zoo Crew APPLICATION
ROGER WILLIAMS PARK ZOO**

1000 Elmwood Avenue, Providence, RI 02907 - 3659
(401) 785 - 3510 x356
(401)941-3988 Fax

Must be completed by the applicant

PERSONAL INFORMATION (Please Print)

Last Name		First Name		Middle Name	
Date of Birth		Current Grade		High School Graduation Year	
Address (street, city, state, zip):					
Home Phone:		Cell Phone:		Email:	
				Parent Email:	
Emergency Contact #1 – ***please put name, relationship to you, and all phone numbers:					
Emergency Contact #2 – ***please put name, relationship to you, and all phone numbers:					

Zoo Crew Teacher Interview Dates

Please circle the day(s) that you will be able to come in for an interview and note your top 3 time slots – interview slots are 30 minutes long. **Parents:** please note that the teenage applicants will be interviewed by the Volunteer Resources Manager and the Zoo Crew Supervisor, parents can enjoy the zoo during the interview time.

February 15 (3:30-8:30pm)

February 16 (3:30-8:30pm)

February 22 (3:30-8:30pm)

February 23 (3:30-8:30pm)

Permission Slip

Parent or Guardian please read and sign the following:

I authorize Roger Williams Park Zoo to use my child's name and photograph for educational and public relations purposes related to the zoo.

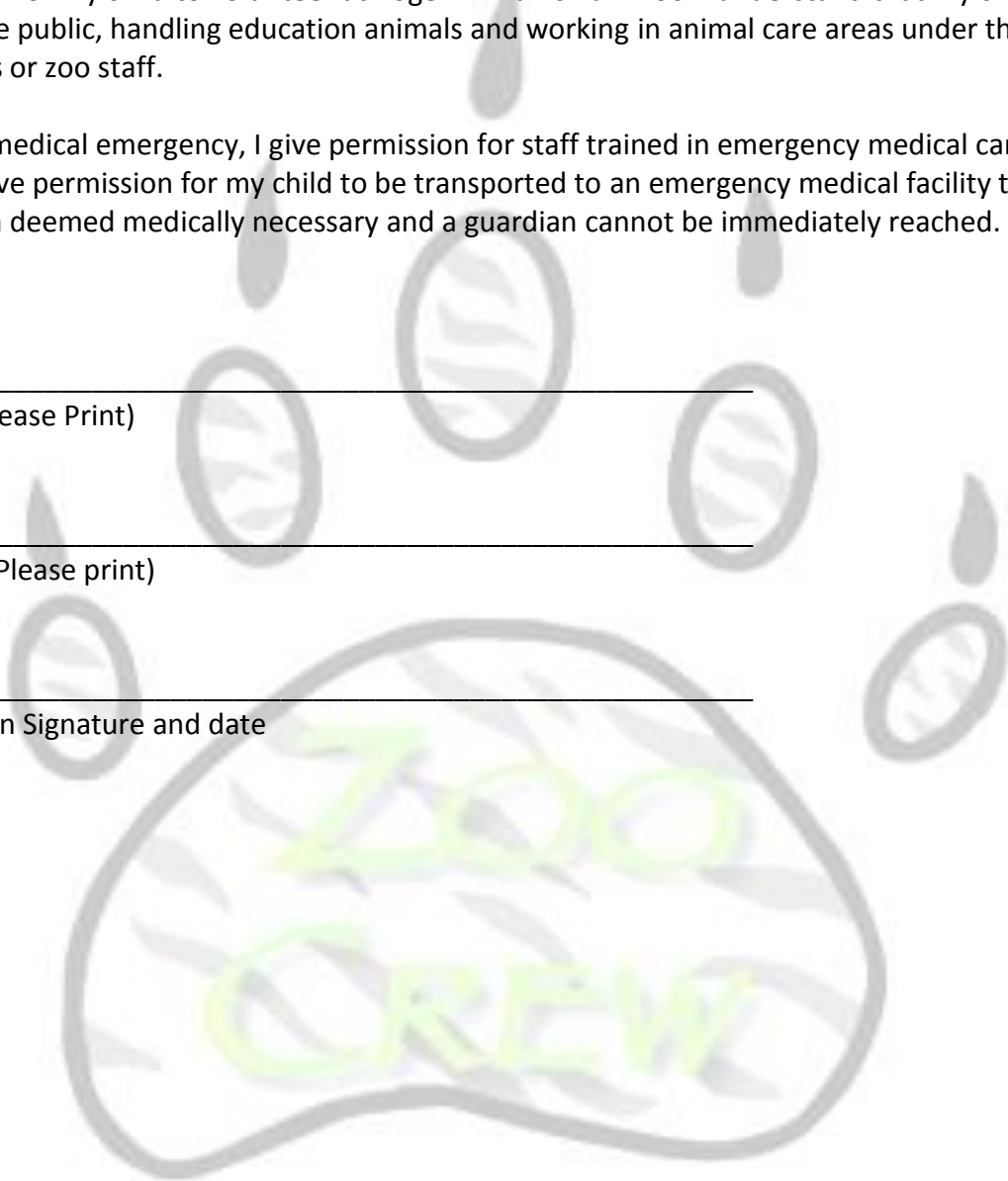
I give permission for my child to volunteer at Roger Williams Park Zoo. I understand that my child may be working with the public, handling education animals and working in animal care areas under the supervision of adult volunteers or zoo staff.

In the event of medical emergency, I give permission for staff trained in emergency medical care to begin first aid. Further, I give permission for my child to be transported to an emergency medical facility to receive treatment when deemed medically necessary and a guardian cannot be immediately reached.

Child's name (Please Print)

Parent's name (Please print)

Parent/ Guardian Signature and date



To be Completed by a Parent or Guardian:

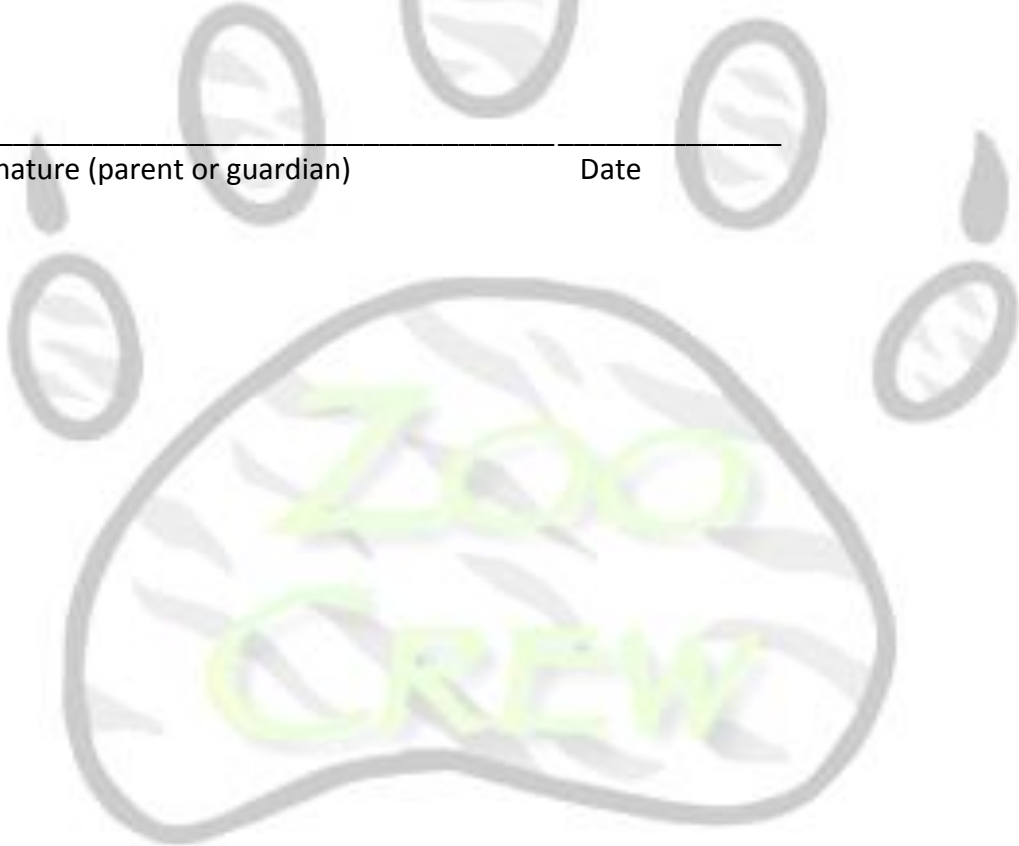
Parent or Guardian please read and sign the following:

I, _____, authorize my child, _____, to be considered for a Zoo Crew Teacher position with Roger Williams Park Zoo's Zoo Crew. I am aware that he/she will be interviewed by the Zoo staff, and if selected for the Zoo Crew Teacher program following the interview process, he/she will be required to complete training March 1, 8, 15, 22, and 24 and 10 shifts over the summer. Each shift is 5.5 hours long (10am-3:30pm). In addition, a supportive adult must join the meeting on March 22 from 7:30 to 9pm.

If my child is selected for a Zoo Crew Teacher position at Roger Williams Park Zoo, I agree to complete a confidential medical information form for my child and return this form to the Zoo staff prior to my child beginning as a Zoo Crew Teacher. I understand that my child's acceptance into the Zoo Crew Teacher program is contingent upon the receipt of this form. Additionally, my child has or I will provide reliable and on-time transportation to and from the Zoo for their Zoo Crew Teacher shift.

Signature (parent or guardian)

Date



Zoo Crew Personal and Medical Information

ZOO CREW 2012

Parent or Guardian: Please print the following information. These details are important to ensure your child's safety and in helping us to prevent and treat health or medical problems. This form and the information contained in it is confidential. Call (401) 785-3510 x 356 or x408 with any questions. Please complete and attach to the Zoo Crew application by **February 1st** or ASAP:

Zoo Crew Teacher Information

Full Name:	<i>Last</i>	<i>First</i>	<i>Nickname (if any)</i>
Home Address:	<i>Street</i>	<i>City/Town</i>	<i>State and Zip</i>
Home Phone:	()	Date of Birth:	/ /
E-mail Address:			

Parent/Guardian Information:

Full Name:	<i>Last</i>	<i>First</i>
Relationship:		
Employer:		
Work Phone:	()	
Cell Phone:	()	

Additional Parent/Guardian Information:

Full Name:	<i>Last</i>	<i>First</i>
Relationship:		
Employer:		
Primary Phone:	()	
Secondary Phone:	()	

Permission to Provide Treatment (required):

I, _____, hereby agree that all the information I have given is true to the best of my knowledge and give consent for my daughter/son to be taken to the nearest medical facility for treatment in the event of an emergency. I also authorize the RWPZoo Education Department staff to aid my daughter/son in administering his/her prescribed medication(s) to him/her if he/she is in need of assistance, as well as provide basic First Aid if necessary.

Zoo Crew Teacher's Signature

Date

Parent/Guardian's Signature

Date

