



Volunteer Application

Please type or print clearly

Name: _____

Date: _____

Address (Street, City, State, Zip code): _____

Email: _____

Contact Phone: _____ (please specify if it is cell phone or home)

Please attach one letter of recommendation.

1. How did you learn about the volunteer program at Roger Williams Park Zoo?

2. Why do you want to volunteer at Roger Williams Park Zoo?

3. Please briefly describe any experiences or skills that you feel would be useful as a RWPZ volunteer (such as working with the public, hobbies, etc)

4. Please describe any past or current volunteer work you have done and include dates of service. _____

5. What is your availability (we are open 7 days a week, 9am-4pm and do occasional evening events): _____

6. Are you fluent in any languages other than English?

7. Are you under age 18. Yes or No If yes, are you currently in high school Yes or No

8. Are you a Member of the Zoo? Yes or No

EDUCATION		
High School	Location	
Business/Vocational/College	Location	Major area of study
Graduate School	Location	Major area of study
Currently attending school?	If so, please name school & field of study:	

INTERESTS, SKILLS & HOBBIES THAT MAY COME IN HANDY AT THE ZOO

Special Events and Promotions		Arts and Crafts		Education/Docent	
Gardening		Organizing /Filing		Bus Greeter	
Computer Programs		Public Speaking		Other:	

Please list any additional skills, interests, hobbies or areas you are interested in volunteering for: _____

Please remember to complete the attached Background check and mail or fax (fax # 401-941-3988) your completed application to: Volunteer Manager

RWPZ
1000 Elmwood Ave
Providence, RI 02907

If you have any questions, please contact: volunteer@rwpzoo.org or 401-785-3510 x356



**VOLUNTEER APPLICATION
CRIMINAL BACKGROUND CHECK FORM**
(For applicants 18 or older only)

NAME (PLEASE PRINT) _____

DATE OF BIRTH _____

SOCIAL SECURITY # _____ -- _____ -- _____

Disclaimer

I, _____, request that the Bureau of Criminal Identification of the Department of Attorney General for the State(s) of:
(list all states lived in for past 10 years)

_____ to make available to me any criminal record that I may have on file with the Bureau of Criminal Investigation.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests therefrom, whatsoever against the state(s) of
(list all states lived in for past 10 years)

_____ Bureau of Criminal Identification, the Attorney General, and the employees of the Attorney General's Office in both law and equity, which I may now have or in the future may have.

Signature of Applicant

Date