



**San Antonio Zoo Education Department  
Youth Volunteer Application**

A full application packet includes: the application form, parental consent form, essay,  
and two letters of recommendation.

Letters of recommendation cannot be written by anyone of relation to the applicant.

Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade level: \_\_\_\_\_ School attending: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

How did you hear about the San Antonio Zoo volunteer program? \_\_\_\_\_

Do you have previous volunteer experience? If so, where? \_\_\_\_\_

Are you bilingual? Yes No Language: \_\_\_\_\_

Do you have any other special abilities? (Drawing, painting, musical, sign language, computer skills, handicrafts, photography, sports, etc.) \_\_\_\_\_

Do you have any experience working with children? Please describe: \_\_\_\_\_

Do you have any experience working with animals? Please describe. \_\_\_\_\_

Why do you want to volunteer with the San Antonio Zoo? \_\_\_\_\_

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Do you have any physical restrictions that we should be aware of in case of an emergency (plant, animal, or food allergies, asthma, etc.)? \_\_\_\_\_

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Which program are you interested in volunteering with and why?

ZooTEAM: \_\_\_\_\_

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Summer Naturalist: \_\_\_\_\_

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Summer Camp: \_\_\_\_\_

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I certify that all of the information contained in this application form is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

**Please mail or fax the application to us:**

**San Antonio Zoo**

**Attn: Volunteer Services**

**3903 N. St. Mary's Street**

**San Antonio, TX 78212**

**Fax #: (210) 734-6989**

**Phone #: (210) 734-7184 ext. 1507**

**Email Address: [volunteers@sazoo-aq.org](mailto:volunteers@sazoo-aq.org)**



**San Antonio Zoo Education Department  
Parental Consent Form**

Please read and sign this parental consent form if you would like your child to participate in the Zoo volunteer program. If you have any questions or would like further information please contact us.

Volunteer Services:

Phone: 734-7184, ext. 1507

Email: volunteers@sazoo-aq.org.

Name of youth volunteer candidate: \_\_\_\_\_  
(Please print name.)

I understand that my child, named above, wishes to volunteer at the San Antonio Zoo. I also understand that as a volunteer my child will be working to help promote the Zoo's mission in a variety of ways. This may include education, research, and animal maintenance. I hereby give my permission for them to serve in that capacity. I understand that they will be provided with orientation and training necessary for the safe and responsible performance of their duties. I understand that my child will be expected to meet all the requirements of the position, including regular, on-time attendance and adherence to agency policies and procedures. I understand that they will not receive monetary compensation for the services contributed.

In the event of an accident, I authorize the San Antonio Zoo to use local emergency services to secure proper treatment for my child. I also consent to and authorize the San Antonio Zoo to use my child's name or photograph for education and public relations purposes related to the Zoo.

The following is a list of health conditions or food allergies that may require special consideration for my child's participation in the Zoo volunteer program:

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

My child received a tetanus immunization on: \_\_\_\_\_  
(date)

Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian's Name: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency contact person:

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

**We recommend that you make a copy of this form for your records.**

