



**Boise Parks & Recreation  
and Friends of Zoo Boise**

**ZooTeen**

**Application  
Summer 2010**

### **PROGRAM INFORMATION**

Thank you for your interest in volunteering at Zoo Boise! If accepted as a ZooTeen, you will gain experience with teaching, leadership, public speaking, animal care, and learn about animals and the wild places they inhabit! Please read all of the following information before completing your application.

1. The youth volunteer program is for youth ages 13 (entering 8th grade) to 18 (entering 12th grade). Applicants must be at least 13 years of age by September 1, 2010 and have completed 7th grade (no exceptions).
2. ZooTeens focus on conservation education for Zoo Boise visitors by assisting with summer camps for children, providing informal educational presentations for zoo visitors (using artifacts and live animals), providing daily care for the education animals, and helping with daily maintenance of the Simplot Education Center. It is recommended that ZooTeens assist with one full week of summer camp. A minimum of 40 hours per summer is required.
3. Thirty to fifty individuals will be accepted into the program based on the application and an interview.
4. If selected, the applicant is expected to:
  - participate in all aspects of the program.
  - attend all training sessions (see "What Happens After You Apply" below).
  - pay a \$25.00 fee to cover costs of a volunteer manual and Zoo Boise Volunteer shirt.
  - wear the Zoo Boise Volunteer uniform - shirt (provided by the zoo through a program fee) and khaki pants or shorts (no shorter than mid- thigh) that is provided by you. Closed-toe and closed-heel shoes are required—no sandals or flip-flops.
  - work at least one half-day shift (8am-12noon and 1pm-5pm) each week during the summer months of June, July, and August (total of 40 hours after training).
  - get updated on tetanus shots (see "Medical Information and Release" on the application.)
  - submit a negative TB test at own expense.

### **HOW TO APPLY:**

1. Complete the Application and Additional Questions by yourself.
2. Submit a reference. Ask a teacher, coach, club leader, counselor, or employer (not a relative or neighbor) to complete the enclosed form. Give them as much time as possible. It will help if you attach a stamped envelope addressed to Friends of Zoo Boise - Education/Zoo Teen Program.
3. Have your Parents/Guardians complete the City of Boise Individual Volunteer Waiver.
4. Send or personally deliver the completed application to Friends of Zoo Boise-Education/ZooTeen Program by (or postmarked by) April 1. Applications by email or fax will not be accepted. Applications received after the due date and time will not be considered.
5. Every part of the application is important. Take your time to pay attention to all details of the application including neatness. Follow up with the individuals chosen as your references.
6. You and a parent or guardian are required to attend one ZooTeen Preview Hour to learn more and ask questions about ZooTeens. Call 384-4260 ext 206 to register at least one day prior to the preview hour.

Wednesdays, 6-7 pm at Zoo Boise

March 10<sup>th</sup> or 17<sup>th</sup> or 24<sup>th</sup>

**WHAT HAPPENS AFTER YOU APPLY:**

1. Your application will be reviewed for neatness, thoroughness, and content.
2. Based on applications, it will be determined who will be granted an interview. If your application does not meet standards for an interview, you will be contacted. Interviews will take place in April, Tuesday through Friday, between 3pm and 5pm.
3. After your interview, you will be contacted by letter (mailed May 1, 2010) or by phone regarding your acceptance into the ZooTeen Program.
4. If accepted, you will be required to attend **both** training sessions at Zoo Boise:  
Thursday, June 10<sup>th</sup>, 2010      9:00 am – 4:30 pm  
Friday, June 11<sup>th</sup>, 2010      9:00 am – 4:30 pm

**A NOTE TO PARENTS & GUARDIANS** Zoo Boise's ZooTeen Program provides a fun and educational activity for your teen. We make every effort to maintain a quality program which also requires assistance from you. We emphasize to the student that they are making a commitment to Zoo Boise and it requires your support for them to fulfill their obligation. We can only accept 30-40 students into the program from the many applications we receive. Please encourage your child to take the application and interview seriously as it will assist us in selecting the participants.

**QUESTIONS? Please call 384-4260 ext 206**

**###**



**Boise Parks & Recreation and Friends of Zoo Boise  
ZooTeen Program - Summer 2010**

For Zoo Boise use  
only  
Name \_\_\_\_\_  
Rec'd \_\_\_\_\_  
Age \_\_\_\_\_  
Prev Y N

**APPLICATION**

**Due by (postmarked by) April 1. Applications by email or fax not accepted.**

Complete & return to:  
Education/Youth Volunteer Program \* Friends of Zoo Boise \* 355 Julia Davis Drive \* Boise, ID 83702  
Phone (208) 384-4260 ext 206

**Please Print or Type**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Gender M F Date of Birth \_\_\_\_\_

T-shirt size Adult (circle one) S M L XL XXL

School you will be attending next Fall \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Name of Mother / Guardian \_\_\_\_\_

Home Address \_\_\_\_\_  
(if different from above)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Work/cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Father/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_  
(if different from above)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Work/cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

## ADDITIONAL QUESTIONS

To help us learn more about you, please answer the following questions YOURSELF. If you need more space, attach additional sheets. Please remember neatness!

1. What extra-curricular activities, hobbies, or sports do participate in? These activities can be school or non-school related.
2. Why do you wish to volunteer at Zoo Boise?
3. What is the purpose of a zoo?
4. Describe any other volunteer experiences you have had.
5. Describe any experience you have had working with children or teaching others.
6. Describe any experience you have with mammals, reptiles, or birds (including pets!).

Please consider me for the Youth Volunteer Program at Zoo Boise. If I am accepted, I will commit to the summer long program.

Applicant's Signature \_\_\_\_\_ Date\_\_\_\_\_

How did you hear about the Youth Volunteer Program? (circle one)

school announcement    teacher/counselor    parent    friends    website    zoo volunteer

other\_\_\_\_\_

## Medical Information and Release

In an emergency, if the parent or designated Physician/Doctor cannot be reached, I authorize Zoo Boise to transport and/or obtain medical services from any doctor (M.D. or D.O.) for my child.

Applicant's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
(other than above)

Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_

Please indicate any medical conditions of which Zoo Boise should be aware of by circling any conditions that apply. *This information will be kept confidential but is needed in order to work effectively with your child. Failure to provide honest answers could result in your child's termination from the program.*

Allergies (please describe)

Bleeding disorder

Hearing impairment

Learning disability/impairment

Hyperactive

Migraine headaches

Vision impairment

Asthma

Diabetes

Heart condition

ADD or ADHD

Physical disabilities/restrictions (please explain)

Seizures

Other (please explain below)

\_\_\_\_\_  
\_\_\_\_\_  
Medications \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

**TUBERCULOSIS TEST**- If accepted into the Zoo Teen program, teens will need to submit a negative TB test at own expense. Tests can be performed at Primary Health Clinics for \$13.00 - \$18.00. More information will be provided upon acceptance.

**TETANUS INNOCULATIONS** - Applicants should have had a tetanus inoculation within the last 10 years. We require that a Parent/Guardian confirm this inoculation by signing below. It is not necessary to send the applicant's health records.

Date of tetanus inoculation \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_



Zoo Boise use only
Name _____
Rec'd _____

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 Phone (208) 384-4260 ext 206

**For the Applicant**

Put your name on the "Applicant's Name" line then give it to one teacher, coach, club leader, counselor, or employer (not a relative, neighbor, or friend). Make sure they have enough time to complete the reference and send it to Zoo Boise. Ask them to mail it as soon as possible since no application will be reviewed without a letter of reference. No more than one reference is necessary.

**For the Adult Providing the Reference**

The applicant below is applying to Zoo Boise's Youth Volunteer Program. This program is a summer program for teenagers entering 8th - 12th grade who have an interest in animals and the environment. The applicants we select should show a desire an ability to teach others and willingness to commit to the summer long program. The focus of the work is public education. Although the volunteers may be trained to handle some animals, the majority of their time will be spent interacting with Zoo Boise visitors.

We would appreciate your candid responses which will be kept confidential. Your comments will aid us in selecting a committed group of teen volunteers. Thank you for you valuable time and assistance. If you have any questions regarding the program, please call Zoo Boise Education at (208) 384-4260 ext 100.

**Please Print**

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Adult's Name \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known him/her?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I recommend this applicant to Zoo Boise Youth Volunteer Program (circle one)

With great enthusiasm      with confidence      with some confidence      with reservation

**Please fill out both sides of this form**

**Please Evaluate the Applicant**

Scale:      U = unknown      1=below average      2 = fair      3 = average  
              4 = good            5 = excellent      6 = outstanding

Oral Communication Skills	U	1	2	3	4	5	6
Ability to analyze a problem	U	1	2	3	4	5	6
Leadership skills	U	1	2	3	4	5	6
Dependability	U	1	2	3	4	5	6
Sense of responsibility	U	1	2	3	4	5	6
Self motivation	U	1	2	3	4	5	6
Perseverance	U	1	2	3	4	5	6
Ability to work independently	U	1	2	3	4	5	6
Reaction to criticism	U	1	2	3	4	5	6
Regard for authority	U	1	2	3	4	5	6
Regard for the rules	U	1	2	3	4	5	6
Cooperation	U	1	2	3	4	5	6
Adaptability	U	1	2	3	4	5	6
Sense of feeling for others	U	1	2	3	4	5	6
Behavior in a group	U	1	2	3	4	5	6
Ability to follow directions	U	1	2	3	4	5	6

List any special interests, qualities, abilities or experiences of this applicant which would be helpful for this application.

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Adult's Signature \_\_\_\_\_ Phone \_\_\_\_\_