



## Volunteer Application

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

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

When is the best time to reach you? \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

In Case of Emergency, Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship \_\_\_\_\_

**Volunteer Positions** - Please check the area (s) you would be interested in:

\_\_\_ Aquarium Guest Engagement (A variety of shifts available each day)

\_\_\_ Wildlife Gallery Guest Engagement (A variety of shifts available each day)

\_\_\_ Animal Care Intern (A variety of shifts available each day)

\_\_\_ Water Quality/Vet. Assistant Intern (A variety of shifts available each day)

\_\_\_ Life Support Intern (A variety of shifts available each day)

\_\_\_ Education Intern (A variety of shifts available each day)

\_\_\_ Diver (A variety of shifts available each day)

\_\_\_ Education Volunteer (Available during school hours, may include evenings and weekends)

\_\_\_ Office Assistant (Available between office hours, Mon – Fri., 8 am to 5 pm)

What is your availability? \_\_\_\_\_

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Special Skills/Training: \_\_\_\_\_

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Special Needs: \_\_\_\_\_

\_\_\_\_\_

Other Important Information: \_\_\_\_\_

\_\_\_\_\_

**General Information:**

Are you fluent in any foreign language or sign language \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, which language? \_\_\_\_\_

**Are you SCUBA certified?** \_\_\_\_\_ Yes \_\_\_\_\_ No

Employment Status:

\_\_\_\_\_ Full time                      Name of Employer \_\_\_\_\_

\_\_\_\_\_ Part time                      Name of Employer \_\_\_\_\_

\_\_\_\_\_ Unemployed

\_\_\_\_\_ Retired

\_\_\_\_\_ Student                      School \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony other than a traffic offense?

\_\_\_\_\_ Yes, (If yes, explain below)                      \_\_\_\_\_ No

Are you being investigated or have you been found guilty of violating wildlife regulations enacted by any of the various states or any agency of the U.S. Government or those of any foreign nation?

\_\_\_\_\_ Yes, (If yes, explain below)                      \_\_\_\_\_ No

References: Please list three personal and/or professional references that we may contact.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Volunteers must be at least 18 years of age.**

***I understand I must successfully complete an interview and volunteer training prior to being accepted into the Wonders of Wildlife Volunteer Program.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Wonders of Wildlife  
Attn: Volunteer Dept.  
500 W. Sunshine Street, Springfield, MO 65807  
RJCalfee@wondersofwildlife.org  
Fax: 417-225-1148**