



Turtle Back Zoo VolunTeen Program Application

Teen's Full Name: _____ Birthdate: _____

Age in June 2017 _____ Grade Entering in September 2017: _____

Name of School: _____

Teen's phone number: _____

Home Address: _____

Teen's Email Address: _____
(Please write clearly)

Name of Parents/Guardians: _____

Phone # Parents/Guardians: _____

Parents/Guardian's Home Address if different from yours: _____

Have you ever been in TBZ's Zoo Camp Program, as a camper? Yes or No

If Yes, when & what age group? _____

Do you have any other volunteer experience? If yes, please list & describe.

Do you have any prior experience working with children your age or younger? (ex: a mentor, tutor, babysitter) Please explain.

What age children are you interested in working with most and why? The children you would be working with at Zoo Camp vary from Kindergarten through 5th grade.

T-Shirt Size for Volunteer Uniforms: _____

****Please have your Parent/Guardian sign the attached liability waiver and mail in with application.***

On another page, please answer the following 2 short essay questions and include them in your submission packet.

Why do zoos matter? AND
Why do you want to be a Zoo camp aide?

Make sure to have your application, short essay questions, and 2 letters of recommendation **in one packet** and send to:

Turtle Back Zoo VolunTeen Program
Attention: Randy Laxer, Volunteer Coordinator
560 Northfield Ave.
West Orange, NJ 07052



Essex County Turtle Back Zoo
WARNING, WAIVER, AND RELEASE OF LIABILITY

VolunTeen's Name: _____

In consideration of being given permission to participate in the Essex County Turtle Back Zoo's VolunTeen Program

(Supervised by the Camp Staff and Volunteer Coordinator)

I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against the County of Essex or the Essex County Turtle Back Zoo as a result of my child's participation in the above listed Event. I realize that accidents and injuries can arise out of the Event, and accordingly, this release is intended to discharge the County, its trustees, officers, employees, commission members, and volunteers, and any public agencies from and against any and all liability arising out of or connected in any way with his or her participation in the Event. This waiver and release is binding upon my heirs and assigns.

I acknowledge that I have been fully informed of the risks and dangers involved in this activity. I acknowledge that I have read, agree, and fully understand the above Warning, Waiver, and Release of Liability. I further acknowledge and agree that the reasons for my being requested to sign this Release have been fully explained to me and I understand them. If any provision, including any exception, part, phrase, or term, or the application thereof to any person or circumstance is held invalid, the application to other persons or circumstances shall not be affected thereby and the validity of this waiver in any and all other respects shall not be affected thereby.

I am signing this instrument of my own free will and I have not been influenced or coerced by any representative or employee of the County of Essex or the Essex County Turtle Back Zoo:

PARENT/GUARDIAN SIGNATURE

DATE
