



# ESSEX COUNTY TURTLE BACK ZOO 2022 DOCENT APPLICATION



Name:		Birthdate:	Age:
Address:			
City:	ST:	Zip:	
Home phone:		Cell phone:	
Email:		T-shirt size:	

Occupation (current or former, please circle):		
Employer:		
Address:		
City:	ST:	ZIP:
Phone:		

Educational Background (Indicate highest level completed and area of major study):

- Elementary     
  High School     
  College     
  Graduate School  
 Other: \_\_\_\_\_ Area of Study: \_\_\_\_\_  
 I am in school now      Name of school: \_\_\_\_\_

What day(s) would you be interested in volunteering at the Zoo?

- Weekend List days: \_\_\_\_\_  
 Weekday List days: \_\_\_\_\_

How did you hear about the Docent Training Program?

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Do you have any limitations or allergies that might prevent you from walking around the Zoo or participating in any docent activities? Please explain.

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Have you ever done volunteer work with Turtle Back Zoo or any other organization? Please explain. Include your length of service and level of involvement.

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Do you have any special training, skills, interests or hobbies? If so please indicate them below:

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Do you speak any foreign language(s)? (Please specify) \_\_\_\_\_

When was the last time you visited Turtle Back Zoo and what were your impressions?

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Do you understand that although you will be working in an animal-oriented atmosphere MOST of your work will be dealing with people - many of them children?  Yes  No

It may be necessary to work in inclement weather. Would this cause a problem for you?

Yes  No

It may be necessary to correct inappropriate behavior by the public. Would this cause a problem for you?

Yes  No

Being a docent requires you to:

- be at least 18 years old
- **complete an in-person interview on Saturday, January 22, 2022**
- **complete an 8-day specialized training course held on Sundays: Feb. 6, 13, 20, 27; March 6, 13, 20, and 27 from 12pm to 5pm. April 3 is a snow date if needed.**
- pay a one-time fee of \$30 to cover training materials\*
- commit to volunteer a designated number of hours/events. Hours are gained from attending a set day (i.e.; 1<sup>st</sup> and 3<sup>rd</sup> or 2<sup>nd</sup> and 4<sup>th</sup> Saturdays) each month throughout the year. Docents are also expected to staff special events, such as Safe Howl-o-ween, as they occur throughout the year.
- wear the docent uniform when working with the public (blue docent shirt & khaki pants or blue jeans and appropriate footwear)
- be a good representative and guide/educator to the visiting public

Do you foresee any problems fulfilling any of these mandatory requirements? Please explain.

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\*Please note that there is a one-time training course fee to offset cost of materials (\$30.00). If you send a check, please make it out to Essex County Parks Foundation and on the memo line put Docent Class.

- Please print and return, with payment, by January 14, to: Volunteer Coordinator, Turtle Back Zoo, 560 Northfield Ave., West Orange, NJ 07052.
- When your application is received you will be contacted to set up an interview.

\*\*\*\*\*THIS FEE IS NONREFUNDABLE\*\*\*\*\*

Any questions: please email [tbzdocents@yahoo.com](mailto:tbzdocents@yahoo.com).

*The following page must be filled out in order to process your application. All information is strictly confidential.*



# OFFICE OF INSPECTOR GENERAL

Hall of Records, Room 519, Newark, NJ 07102  
973.621.7547 --- 973.621.2547 (Fax)  
[www.essexcountynj.org](http://www.essexcountynj.org)

Joseph N. DiVincenzo, Jr.  
Essex County Executive

James R. Paganelli  
County Counsel

Dominic J. Scaglione  
Inspector General

## MEMORANDUM

TO: Sheriff Armando Fontoura, Essex County Sheriff's Office

FROM: Inspector General Dominic Scaglione

DATE: \_\_\_\_\_

SUBJECT: Request for Superior Court, Automated Court System and Automated Traffic System Warrant Checks, Essex County Sheriff's Office Summary Inquiry Printout and New Jersey Motor Vehicle Driver Information

Position applied for: \_\_\_\_\_

Please conduct the above mentioned inquiries for the employment applicant listed below.

### TYPE OR PRINT ALL INFORMATION

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

Address: \_\_\_\_\_  
(Street #) (City) (State) (Zip Code)

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Social Security #: \_\_\_\_\_

For the purpose of this employment, I hereby authorize the Essex County's Sheriff's Office to release the above mentioned information to the Essex County Office of Human Resources and Essex County Office of Inspector General.

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Date)