



ESSEX COUNTY TURTLE BACK ZOO 2023 DOCENT APPLICATION



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

Occupation (current or former):					
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?

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

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.

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

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

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

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 interview held on Saturday, January 21, 2023 (snow date Sunday, January 22)**
- **complete an 8-day specialized training course held on Sundays: Feb. 5, 12, 19, 26; March 5, 12, 19, 26 from 12:00pm to 5:00pm (snow date Sunday, April 2)**
- 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.; 1st and 3rd or 2nd and 4th 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.

*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 return, with payment, by January 13**, to: Volunteer Coordinator, Essex County 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@parks.essexcountynj.org.

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

NEW JERSEY STATE POLICE STATE BUREAU OF IDENTIFICATION (SBI)
REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION
FOR CRIMINAL JUSTICE PURPOSE
 (TYPE OR PRINT ALL INFORMATION)

COMPLETE NAME AND ADDRESS OF REQUESTING AGENCY

ESSEX COUNTY CORRECTIONAL CENTER	ASSIGNED IDENTIFIER (ORI NUMBER) NJ 0007013C
	REQUESTING AGENCY USE ONLY CRIMINAL JUSTICE CORRECTION OFFICER
NAME (Including Maiden Name)	SBI NUMBER (If Known)
(Last Name) (Maiden Name) (First Name) (Middle)	
ADDRESS	FBI NUMBER (If Known)
(Number) (Street) (City) (State)	

DOB	SEX	RACE	SOCIAL SECURITY NUMBER
(Month) (Day) (Year)			

I certify that I am authorized to receive Criminal History Record Information pursuant to a Federal or State Statute, Rule or Regulation, Executive Order, Administrative Code Provision, Local Ordinance, or Resolution. I understand that the Criminal History Record information received shall not be disseminated to persons unauthorized to receive the information.

Drivers License #

AUTHORIZATION BY SUBJECT OF REQUEST AND PRIVACY ACT NOTIFICATION

Supervisor, State Bureau of Identification:

I hereby authorize the release of any Criminal History Record Information maintained by your agency, meeting dissemination criteria, for the above stated Criminal Justice Purpose to: **Essex County Department of Corrections.**

Pursuant to the Privacy Act of 1974 (P.L. 93-579), I realize that disclosure of my social security number is voluntary. I also realize my social security number will be used by the State Bureau of Identification for the purpose of facilitating the security check authorized by the above referenced authority. Any information released as a result of this authorization, including the furnishing of my social security number, shall be used only for the express purpose of processing the above indicated application.

 Signature of Applicant

 Date