



# Zoo Teen Application

Heritage Park Zoological Sanctuary  
 1403 Heritage Park Rd  
 Prescott, AZ 86301  
 (928) 778 – 4242

Zoo Teens must be 13 years old within a month of starting the program and no more than 18 years old. The fee for participation is \$30 which includes a t-shirt, name tag, and hand book.

Please Print Clearly:

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home phone: \_\_\_\_\_  
 \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Age: \_\_\_\_\_

Current grade: \_\_\_\_\_ Name of School: \_\_\_\_\_

How did you hear about the Zoo Teen program:  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list previous volunteer experience:

Name	Supervisor/ Contact info.	Location	Duties

## Essay questions

Use additional page if you need extra space.

Why do you want to be a Zoo Teen?

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Why do you think you would be a good Zoo Teen?

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Please submit two letters of recommendation. One may be from a family member, the other should be from the community (example: school teacher, coach, volunteer supervisor.)

Emergency contact information:

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

## Hold Harmless Agreement

I, \_\_\_\_\_ would like to volunteer as a Zoo Teen at Heritage Park Zoological Sanctuary. I realize that there are many hazards at the zoo. Hazards can be dealing with wild animals, which are unpredictable and dangerous, diseases, trip and fall hazards and others. I am aware of my own health and physical limitations. These limitations might not be obvious to my supervisors. I realize that it is my responsibility to decline any activity that is beyond my capability (whether physical or mental) so that my safety and health is maintained.

I agree to hold Heritage Park Zoological Sanctuary and the Prescott Animal Park Association harmless from any accident, injury or illness that may occur as a result of my volunteering as a Zoo Teen. I waive my rights to seek any form of damages and instruct my heirs and beneficiaries to honor this agreement.

Signed by \_\_\_\_\_  
(Print name) \_\_\_\_\_ Date (\_\_\_\_/\_\_\_\_/\_\_\_\_)

Parent Signature \_\_\_\_\_  
(If applicant is a minor)  
(Print name) \_\_\_\_\_ Date (\_\_\_\_/\_\_\_\_/\_\_\_\_)