



Zoo Camp Volunteer Application

Full Name: _____

Date: _____

Birthdate: _____

Grade in September: _____

Email: _____

Phone: _____

NOTE: Volunteers must be able to volunteer for two weeks of the summer and come to camp training (in June date to be determined).

Have you been to Zoo Camp before? Y N What age group(s)? _____

Will you be completing this for volunteer hours? If so, will someone need to sign off on your hours?

What does being a volunteer mean to you?

What are your goals for being a Zoo Camp Volunteer/ What do you hope to gain from this experience?



Describe one time when you worked/played/taught younger children and what did you get out of the experience?

What else should I know about you?

Send completed application to Melissa Czinn, Head of Education, at MCzinn@co.bergen.nj.us