

o Midday (11:30 a.m. to 1:30 p.m.)

o Afternoon (1:30 to 3:30)

## Docent Application For the Bergen County Zoo

First Name:	Last Name:				
Name you prefer to be called	l:			Birth date:	
Address:					
Telephone Number:					
E-mail address:					
********	k*******	*****	*****	****	
References: Work or Personal Reference	<b>#1</b> :				
Name and Relationship:					
Address:					
Telephone Number:		Email:			
Work or Personal Reference	<b>#2:</b>				
Name and Relationship:					
Address:					
Telephone Number:		Email:			
*********	********	******	******	******	******
Availability:					
Please indicate your availabil DAY:	ity for volunteer assig	nments below:			
■ Monday	Tuesday [ Sunday	Wednesday	□Th	ursday	☐ Friday
Time:  o Morning (10:00 a.m. t	to 12:00 a.m.)				

Additional information: Please answer the following questions. If you need additional space please use a separate sheet.  1. Why would you like to be a Bergen County Zoo Volunteer?					
2. What related experience or skills will you bring to the Volunteer Program?					
3. What do you feel a Volunteer can do at the Bergen County Zoo?					
4. Have you ever been a Volunteer or Docent for the Bergen County Zoo before?  a. If so when and why did you stop?	NO				
5. Do you/have you volunteered for another organization before?  a. If "YES", what organization(s)?					

The Bergen County Zoo is committed to diversity. All persons over the age of 18 are encouraged to apply to be volunteers at the Bergen County Zoo.

Please return to:
Melissa Czinn, Head of Education
Bergen County Zoo
216 Forest Ave
Paramus, NJ 07652
(201) 634-3108

MCzinn@co.bergen.nj.us