



Date of Application Submission:

Zoo Camp Volunteer Application

First Name: _____ Last Name: _____

Birthdate: _____ Pronouns: _____ Grade in September: _____

Email: _____

Parent Phone #: _____

What school do you attend? _____

Have you volunteered with the Bergen County Zoo before? Yes No

Why do you want to be a volunteer at the Bergen County Zoo camp?

What do you hope to gain from this experience?

Have you worked or volunteered with children before? Yes No

If yes, please describe:

Is there anything else you would like us to know about you?

Please send completed applications to Melissa at MCzinn@BergenCountyNJ.gov.

Applicants will be asked for an interview before being accepted into the summer volunteer program.