

2025 YOUTH VOLUNTEER APPLICATION

10094 HWY 70 WEST • MINOCQUA, WI 54548 • (715) 356-5588

Name				
Home Address				
City	State	Zip		
Email	Phone	Birthdate		
Cell Phone				
PARENT OR GUARDIAN INFO				
Home Address				
City	State	Zip		
Email	Phone	Cell Phone		
Education High School Middle School In Case of Emergency, please				
Name	Relationship (Parent, Brother, Friend etc.)			
Phone (Home)	Phone (Cell)			
Name	Relationship (Parent, Brother, Friend etc.)			
Phone (Home)	Phone (Cell)			
What interests you about volu	inteering at the Zoo? (Please desc	ribe)		
Do you have previous volunte	er experience?			
List three things that you wou	ld like to gain from being involved	in the volunteer program?		
4/25/2025				

What are your Extracurricular Activit	cies/Hobbies/Sports	s/Volunteer Activities?			
What is your proudest accomplishme	ent thus far in your	life?			
Give an example of a time you did so	omething wrong. H	ow did you handle it?			
Do you have any special needs? If so	o, please list so we	may assist you.			
REFERENCES: Please list those who are familiar wit	th your character a	s it relates to working w	ith people.		
#1 Name	Address	Zip	Phone #		
#2 Name	Address	Zip	Phone #		
SCHEDULE: WHEN WOULD YOU BE A I understand the information that I have read and attached information I have g	nave provided may n. I agree to follow	be verified, if necessary the rules, policies, proc	-		
Youth Volunteer Signature Date					
PARENT/GUARDIAN PERMISSION					
I,, have (Parent/guardian name)	, have read over the volunteer information and give permission rent/guardian name)				
For to a (Youth Volunteer name)	pply for the Youth	Volunteer program.			
Return completed Volunteer Form to	10094 Hwy Minocqua,		Department		

Fax (715) 358-3688 E-Mail <u>education@wildwoodwildlifepark.com</u>