2026 ADULT VOLUNTEER APPLICATION

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

Name _____

Home Address _____

City _____ State _____ Zip _____

Email _____ Phone _____ Birthdate _____

Driver's License No. _____ State _____ Expiration _____

EMPLOYMENT
Occupation _____ Employer _____

Business Address _____

Skills and Special Interests _____

Education (list any attended):
College _____

High School _____

Other _____

In Case of Emergency, please notify:
Name _____ Relationship (Parent, Spouse, etc.) _____

Phone (Home) _____ Phone (Cell) _____

Have you had experience working with other organizations? (Please describe)

Please list your community affiliations (Church, clubs, organizations).

How did you hear about the Volunteer Program at Wildwood Wildlife Park?

Why are you interested in Volunteer Service?

Do you have any special needs? If so, please list so we may assist you.

REFERENCES:
Please list those who are familiar with your character as it relates to working with people.

#1 Name	Address	Zip	Phone #

#2 Name	Address	Zip	Phone #

ADDITIONAL INFORMATION: Circle

a. Do you use illegal drugs? Yes or No
b. Have you ever been convicted of a criminal offense? Yes or No
c. Have you ever been charged with child neglect or abuse? (If yes, explain below). Yes or No
d. Has your driver's license ever been suspended? Yes or No
e. Other than the above, is there any fact or circumstance involving your background that would call into question our being entrusted with the supervision, guidance, and working with young people (if yes, explain below). Yes or No

SCHEDULE: WHEN WOULD YOU BE AVAILABLE TO VOLUNTEER? (Explain)

I understand the information that I have provided may be verified, if necessary, by contacting persons or organizations in this application. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the Wildwood Wildlife Park, employees, and volunteers thereof.
In signing this application, I have read and attached information. I agree to follow the rules, policies, procedures of Wildwood Wildlife Park. I affirm that the information I have given on this form is true and correct.

Signature _____ Date _____
Please Note: An updated TB test is required before volunteering in some areas of the zoo.

CRIMINAL BACKGROUND DISCLAIMER

Name (Please Print) _____
Date of Birth _____
Social Security _____

I, _____, request that the Bureau of Criminal Identification of the Department of Attorney General for the State(s) of: (List all states lived in for past 10 years)
_____
To make available to me any criminal record that I may have on file with the Bureau of Criminal Investigation.
I hereby waive and release any and all manners of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests there from, whatsoever against the state(s) of: (List all states lived in for past 10 years)
_____
Bureau of Criminal Identification, the Attorney General, and the employees of the Attorney General's Office in both law and equity, which I may now have or in the future may have.

Signature _____ Date _____

Return completed Volunteer Form to:

Wildwood Wildlife Park Volunteer Department
10094 Hwy 70 West •Minocqua, WI 54548
Phone (715) 356-5588 •Fax (715) 358-3688
E-Mail education@wildwoodwildlifepark.com