



# VOLUNTEER APPLICATION

***Please complete this form (please print) and send it to the address above.***

**\*Please note applicants must be at least 16 years of age.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Birth Date: \_\_\_\_\_

For students, please indicate the last grade completed: \_\_\_\_\_

Will you be receiving community service for this project? \_\_\_\_\_

If yes, for what school or agency? \_\_\_\_\_

Amount of hours needed: \_\_\_\_\_

How often are you interested in volunteering?  
\_\_\_\_\_

What day(s) are you available?

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

What time(s) are you available (between 9:00am-5:00pm)  
\_\_\_\_\_

What type of volunteer work are you interested in?

Events  Horticulture  Guest Services  Animals- Docent Program  Administration

***PLEASE MAIL THIS APPLICATION TO:***

LEHIGH VALLEY ZOO  
5150 GAME PRESERVE ROAD  
PO BOX 519  
SCHNECKSVILLE, PA 18078  
**OR FAX TO: 610-799-4170**

**PLEASE CONTACT:**

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