New York Aquarium - WCS
Aquatic Animal Health Center
Volunteer Applicant Personal Information

Please Print Clearly in Ink or Type

This form must be completed and submitted before any review of your application can proceed.
It is not a substitute for a resume, which is also required.

Name _____ Date: _____

Name you would like to be called (ex. Robert – Rob) _____

Home Address _____ City _____ St _____ Zip _____

School Address _____

City _____ State _____ Zip _____

If you are away, what dates will you be in New York for possible interview? _____

Telephone: Home: (____)_____ Fax: (____)_____

Cell: (____)_____

Work: (____)_____ Please list your work phone *only* if you wish to receive calls there.

E-mail: _____

Preferred Division(s) _____ Available Start Date _____

If applying to volunteer in the Aquatic Animal Health Center, I certify that I am at least 18 years of age, *and that I am able to swim*.

_____

(Signature)

EDUCATION

High School (Name) _____ Year Graduated or expected year of graduation_____

College (Name) _____ Year Graduated or expected and degree_____

Post Graduate (Name)_____ Year Graduated or expected and degree_____

WORK EXPERIENCE

Company _____ Dates _____

Duties _____

Company _____ Dates _____

Duties _____

Please turn over

New York Aquarium Aquatic Animal Health Center
Volunteer Applicant Personal Information (Continued)

Please Print Clearly

Name (Please repeat from other page**):** _____

Availability
Please circle which days you will *generally* be available (this is flexible)

Monday Tuesday Wednesday Thursday Friday

Shirt Size (Circle One): S M L XL XXL

Computer Software Skills (Word, Excel, etc.) _____

VOLUNTEER EXPERIENCE
Organization: _____ Dates _____
Duties
_____

Organization: _____ Dates _____
Duties
_____

REFERENCES
Name_____ Telephone_____
Address_____
Relationship to applicant_____

Name_____ Telephone_____
Address_____
Relationship to applicant_____

RECEIVED by Animal Department Volunteer Office:

Forwarded to: Aquatic Animal Health Center (HC):