



Zoo New York  
Docent Application and Questionnaire

Here at the Zoo New York, we know that you have many options for giving back to your community and we are excited that you have chosen our organization for your volunteer efforts!

\*please complete all fields and **write legibly**\*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\*this will be our primary form of contacting you\*

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

\*street, city, state, zip

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

Please provide 2 references, either personal or professional

1) NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATION: \_\_\_\_\_

2) NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATION: \_\_\_\_\_

The Curator of Conservation Education will be your point of contact for all your Docent needs, unless otherwise specified. Please contact [sylvan@zoonewyork.org](mailto:sylvan@zoonewyork.org) or 315-755-0896 for any questions or concerns and to schedule attendance.

Docent meetings are held regularly, usually on Saturday mornings, in the Administration building classroom. These meetings are not mandatory; however, they will be a valuable opportunity for Docents to receive facility updates and to collaborate as a team. You will be updated on when they are available.

Please verify dates for events on our website, [www.zoonewyork.org](http://www.zoonewyork.org), as some are likely to vary. Schedules will also be e-mailed regularly for your reference.

Thank you for your generous service to the Zoo New York! We greatly appreciate your participation and dedication to the betterment of our organization.

## Zoo New York Docent Agreement and Release from Liability

I recognize that, as a Docent, I represent the above organization to the public. I accept responsibility for this status and will conduct myself in a professional manner. I will be of sound mind and sober when conducting activities as a representative of this organization.

**Please initial here:** \_\_\_\_\_

I will not participate in and will report all instances of any sort of harassment, exploitation, and/or intimidation. I will work to maintain an atmosphere of physical and emotional safety for everyone associated with the organization: (employees, Docents, Volunteers, and visitors).

**Please initial here:** \_\_\_\_\_

I agree to maintain the confidentiality of all Docents, Volunteers, donors, and staff about whom I have personal or identifying information. Additionally, any information pertaining to business practices of the organization or animal collection are equally confidential and I will not discuss this information with others.

**Please initial here:** \_\_\_\_\_

I agree to provide as much advance notice as possible if I will be absent from a scheduled Docent shift. I agree to update my personal information and emergency information as changes occur or on a semi-annual basis.

**Please initial here:** \_\_\_\_\_

Any direct contact with any animal under the permits of Zoo New York & Thompson Park Conservancy will result in immediate dismissal from participation unless expressly authorized via permits held by this organization.

**Please initial here:** \_\_\_\_\_

I am aware that as a Docent I expose myself to potential hazards which include but are not limited to sharp objects, wild animals, environmental hazards, utility vehicles, power tools, landscaping tools, cleaning chemicals, etc. Potential hazards have been explained to me. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept all risks of injury.

**Please initial here:** \_\_\_\_\_

I agree that my assignees, heirs, distributes, guardians and other legal representatives will not make a claim against, or sue for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent or contractor of the organization as a result of my participation as a Docent. I hereby release the Zoo New York & Thompson Park Conservancy and its officers, staff, and agents from all actions, claims or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have for injury resulting from my participation as a Docent.

**Please initial here:** \_\_\_\_\_

If my Docent service includes driving an automobile, I acknowledge that I have both a valid driver's license and automobile liability insurance policy as required by state law. I agree to maintain my license and insurance in good standing throughout my tenure as a Docent for the organization. I am knowledgeable of and agree to abide by local and state traffic laws. I agree not to drive while under the influence of alcohol and/or intoxicating substances.

**Please initial here:** \_\_\_\_\_

I have read through all forms and handbooks provided to me and I understand that I will be held accountable to the rules, policies, and guidelines listed within these forms and handbooks.

**Please initial here:** \_\_\_\_\_

Have you ever been removed or asked to leave an organization due to allegations regarding your behavior or personal conduct? Yes / No Explain: \_\_\_\_\_

Have you or are you currently under investigation, accused of, or charges with abuse or endangering the welfare of a minor child? Yes / No Explain: \_\_\_\_\_

Are you aware of any reason not listed that may call into question your suitability to volunteer at the Zoo?

Yes / No Explain: \_\_\_\_\_

**I have carefully read this agreement and fully understand the contents. I am aware that this is a release of liability and I sign it of my own free will.**

Docent Printed Name \_\_\_\_\_

Docent Signature \_\_\_\_\_ Date \_\_\_\_\_

Docent Address \_\_\_\_\_ Docent Phone \_\_\_\_\_

Employee Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Why are you interested in becoming a Docent with Zoo New York?

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Have you ever worked with or volunteered for a zoo or wildlife center before? If so, where and for how long?

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Do you have a valid, current driver's license? \_\_\_\_\_

Have you been vaccinated against rabies? If yes, when? \_\_\_\_\_

Do you have any severe allergies or medical conditions that you would like to voluntarily disclose?

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Have you completed first aid or CPR training? If so, when? \_\_\_\_\_

Do you have experience working with young children or with customer service? \_\_\_\_\_

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Are you comfortable speaking to the public?

- Definitely
- I'm a bit shy, but willing to improve
- No, thank you
- That's my worst nightmare—no way

Do you have experience working as an educator/instructor? If yes, please elaborate \_\_\_\_\_

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Are you comfortable handling biofacts (animal pelts, skulls, eggs, etc.)? \_\_\_\_\_

Are you interested in working directly with animals? \_\_\_\_\_

If any, what experience do you have caring for animals? \_\_\_\_\_

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Rate your level of interest in working with the following animals on a scale of **1-5** (1 being least interested).

- |                                     |                               |                                     |
|-------------------------------------|-------------------------------|-------------------------------------|
| <input type="radio"/> Birds         | <input type="radio"/> Snakes  | <input type="radio"/> Other Insects |
| <input type="radio"/> Lizards       | <input type="radio"/> Turtles | <input type="radio"/> Birds of Prey |
| <input type="radio"/> Small Mammals | <input type="radio"/> Fish    |                                     |
| <input type="radio"/> Cockroaches   | <input type="radio"/> Spiders |                                     |

Of the animals you rated low, which are you be willing to learn to appreciate?

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Please check all the activities that you are interested in participating in...

- Guided Zoo tours
  - Interpretation Stations (presenting biofacts to zoo guests out in the zoo at a cart station)
  - Public Speaking
  - Children's Farm interpretation
  - Butterfly House interpretation
  - Travelling EdZOOcation booths
  - Travelling EdZOOcation presentations
  - On-site program presentations
  - Animal Husbandry (Care & Feeding)
  - Animal Training / Handling
  - "Roving" animal presentations (taking animals around the zoo to interact with guests)
  - Creating animal enrichments
  - Other \_\_\_\_\_
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What days or times do you anticipate that you will be entirely **unavailable** for Docent activities?

- Monday            TIME: \_\_\_\_\_
- Tuesday            TIME: \_\_\_\_\_
- Wednesday        TIME: \_\_\_\_\_
- Thursday            TIME: \_\_\_\_\_
- Friday                TIME: \_\_\_\_\_
- Saturday            TIME: \_\_\_\_\_
- Sunday                TIME: \_\_\_\_\_

Thank you for your interest in becoming a Docent with the Zoo New York!  
You may submit your completed application via e-mail to [sylvan@zoonewyork.org](mailto:sylvan@zoonewyork.org), by handing it in at the Zoo's admissions desk, or mailing it to Attn: Education Department, 1 Thompson Park, Watertown, NY 13601