Bramble Park Zoo

Docent Application

Name:				Date:	
Social Security Number:	curity Number: Birth Date:				
Address:street					
city				zip	
Phone: Home ()		Work (_)		
Email Address:					
Education:					
Highest Grade Complete	ed:				
Work Experience:					 .
Current Employer:					
Title or Job Description:					
Supervisor:					
Volunteer Experience:					
Interests/Skills:					
Date Available:					
Check shifts you are ava	ailable to work; w	eekends are	especiall	y important:	:
Monday Tuesc	day Wednesday	Thursday	Friday	Saturday	Sunday
AM					
PM					
Return form to:					
Jaime Stricker Zoo Educator Bramble Park Zoo PO Box 910	All A	Applican	ts will	be scree	ned.

If you have further questions, please call the Zoo Educator at (605) 882-6269.

Watertown, SD 57201

FOR OFFICE USE ONLY				
o APPLICATION RECEIVED				
o CALLED FOR INTERVIEW				
-				
- -				
o INTERVIEW DATE AND TIME				
-				
RECEIVED BACKGROUND CHECK				
·				
NOT ACCEPTED				
o ACCEPTED				
-				
 DOCENT MANUAL FORM 				
 ASSIGNED VEST AND NAMETAG 				
NUMBER				