

**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.**

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**(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):