

# Education Volunteer Job Description



**POSITION TITLE:** Education Volunteer  
**CLASSIFICATION:** Volunteer  
**DEPARTMENT:** Education  
**REPORTS TO:** Education Volunteer Coordinator – Hannah Hamilton  
**COMMITMENT:** One 3 hour training/orientation, 4 or 8 hour volunteer shifts April-September  
**DEADLINE:** Rolling

## JOB REQUIREMENTS

### **A. Summary of Responsibilities**

Education Volunteers help to teach our guests about the Zoo's animals and our conservation efforts, as well as facilitate play experiences at designated areas of the Zoo. Must be enthusiastic, willing to learn, and willing to foster a safe and positive environment for our visitors.

### **B. Essential Job Functions**

1. Actively participate in 1 training sessions for 3 hours
2. Work a 4 or 8 hour shift 9:00-1:00, 1:00-5:00, or 9:00-5:00
3. Enhance the visitor experience to ensure a memorable and positive visit
4. Come to each shift prepared, with a positive attitude and willingness to help out as asked and flexibility to change with the changing needs of the Zoo
5. Take an active role in staying informed about the Zoo
6. Adhere to the Zoo's confidentiality policy
7. Be professionally identified by wearing a provided volunteer shirt

### **C. Qualifications**

1. Must be at least 16 years old to volunteer alone; 13 – 15 years old to volunteer with a parent
2. Upbeat and approachable personality
3. Comfortable speaking with the public
4. Flexibility to effectively support the priorities of the Zoo
5. Ability to be outside, in all weather, for 4 hours at a time
6. Have an appreciation for informal, lifelong learning in agreement with BPZ's mission and commitment to education and conservation
7. Attend an initial training hosted by BPZ and periodic observations during your Education Volunteer shift by staff will provide ongoing assessment of your performance.

If you have any questions about being an Education Volunteer, please contact the Education Department: **Hannah Hamilton – [hhamilton@bpzoo.org](mailto:hhamilton@bpzoo.org) or 508-991-6178 ext. 67419**



# Education Volunteer Application

*Please type or print clearly*

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address (Street, City, State, Zip code): \_\_\_\_\_

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

It is best to contact you at (please circle one):      Home Phone                  Cell Phone

## Emergency Contact #1:

## Emergency Contact #2

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

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

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

1. Why do you want to be an Education Volunteer at Buttonwood Park Zoo?
  
  
  
  
  
  
  
  
  
  
2. In your opinion, what is the best way to teach our visitors about the animals and mission of the Zoo?
  
  
  
  
  
  
  
  
  
  
3. Please briefly describe any experiences or skills that you feel would be useful as a BPZ Education Volunteer (such as working with children, the public, professional training, etc.)
  
  
  
  
  
  
  
  
  
  
4. How comfortable are you with interacting with the public? **Very**    **Somewhat**    **Not at all**
  
  
  
  
  
  
  
  
  
  
5. What does "play" mean to you?
  
  
  
  
  
  
  
  
  
  
6. How did you learn about the Education Volunteer program at Buttonwood Park Zoo?

## EDUCATION

High School		
Business/Vocational/College	Location	Major area of study
Graduate School	Location	Major area of study
Are you currently attending school?	When will you/did you graduate?	

## EMPLOYMENT (Please put most recent first)

Place of employment	Dates of Employment
Job Title	Job Description
Place of employment	Dates of Employment
Job Title	Job Description

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If under 18)

Please remember to complete the attached background check and mail or email your completed application to:

**Buttonwood Park Zoo**  
**425 Hawthorn Ave**  
**New Bedford, MA 02740**  
**Attn: Hannah Hamilton**  
**hhamilton@bpzoo.org**

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**VOLUNTEER APPLICATION  
CRIMINAL BACKGROUND CHECK FORM**  
(For applicants 18 or older only)

NAME (PLEASE PRINT) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

**Disclaimer**

I, \_\_\_\_\_, request that the Bureau of Criminal Identification of the Department of Attorney General for the State(s) of:

*(list all states lived in for past 10 years)*

\_\_\_\_\_ **to make available to me any criminal record that I may have on file with the Bureau of Criminal Investigation.**

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests therefrom, whatsoever against the state(s) of

*(list all states lived in for past 10 years)*

\_\_\_\_\_,  
Bureau of Criminal Identification, the Attorney General, and the employees of the Attorney General's Office in both law and equity, which I may now have or in the future may have.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*