



**Perth Zoo
Docent Association**

APPLICATION TO BECOME A PERTH ZOO DOCENT

Personal Information

Title: _____ Family Name: _____ Given Name: _____

Date of birth: ___/___/___ Are you a Zoo Friend member? Yes No

Do you have a current Driver's Licence? Yes No

Contact Details

Address: _____ P/Code: _____

Telephone (H): _____ (W): _____ (Mobile): _____

E-mail address: _____

Availability

You are required to do two duty days per month, would you prefer (please circle)

Weekdays - Mon Tues Wed Thurs Fri Weekends - Sat Sun

Are you available during school holidays Yes No

Skills & Experience

Are you:

Employed full-time Employed part-time Between employment

Studying full-time Studying part-time Retired

Occupation: _____

List other volunteer experience (if any)

Do you enjoy working with:

Children/Families Seniors Overseas Visitors People with Disabilities

Are you reasonably fluent in languages other than English? Yes No

If yes, please specify: _____

Police Clearance

Do you have a current Federal Police Clearance? Yes No

If not, are you willing to obtain one? Yes No

Motivation

Why do you want to become a docent? _____

Signature _____ Date ___/___/___

Please turn overleaf



