

## VOLUNTEER APPLICATION FORM

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

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

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Please specify when you would like to volunteer?

\_\_\_\_\_

Do you have any experience with reptiles? Yes  No   
If yes please specify:

\_\_\_\_\_

Do you have any illnesses/conditions/immune-deficiency disorders or allergies?  
(e.g. Asthma/ Epilepsy/ADHD/ Bee sting allergy)

\_\_\_\_\_

Do you have any phobias that we need to be aware of (e.g. Arachnophobia)  
This will not affect your application.

\_\_\_\_\_

**Do you have any alcohol or drug dependencies?**

\_\_\_\_\_

**Do you have any criminal convictions (past or pending):**

\_\_\_\_\_

### Emergency Contact Details

Name \_\_\_\_\_

Contact Number \_\_\_\_\_

Signature of Parent/Guardian (if under 18): \_\_\_\_\_

Please return this form by email to [info@nationalreptilezoo.ie](mailto:info@nationalreptilezoo.ie) or by post to:

The National reptile Zoo, Demesne Road, Gowran, Co. Kilkenny, Ireland.

**Please include your CV, with 2 references & your school/college insurance details.**

**\* Please include any serious illness etc that you had in the past 12 months.**