



COLUMBUS ZOO DOCENT ASSOCIATION APPLICATION

Date _____

Name _____

Are you at least 21 years of age? Yes / No

Address _____

Zip _____ - _____

Telephone: (Home) _____ / _____ - _____ (Work) _____ / _____ - _____

(Cell) _____ / _____ - _____ (E-Mail) _____

Please fill out the following as completely as possible. Use back of sheet if necessary.

Highest education level completed:

High School College Grad School _____ Technical _____
(area) (area)

Work Experience (Be specific): _____

Do you speak a foreign language? (Be specific) _____

Do you have public speaking experience? (Please describe) _____

Volunteer service experience (List organizations, positions held, dates, duties, etc.)

Special talents (computer, art, writing, parliamentarian, accounting, etc) _____

Describe any health limitations that may restrict your ability to work on Zoo grounds. _____

How did you hear about the Docent Association? _____

Please return your completed application to: Columbus Zoo Docent Association,
Attn: Vice-President – Docent Training, 9990 Riverside Drive, Powell, OH 43065-0400