

JUNIOR VOLUNTEER PROGRAMME APPLICATION FORM 2025-2026

(This is a yearly programme different from occasional Youth Volunteering at BAMZ)

Date:

Name:

Last

First

Middle Initial

Address:

Street

Parish

Postal Code

Phone:

Home

Cell Phone (Personal)

Email Address (personal):

Date of Birth:

School:

Grade:

Interests & Skills: Please list or describe your interests, skills and teams that you are involved with, in and out of school time. (Hobbies and skills)

Emergency/contact Info- Please list two contacts:

Name:

Relationship:

Telephone:

Email:

Name:

Relationship:

Telephone:

Email:

Medical Conditions:

Asthma: Yes No

Allergies:

Date of last
Tetanus Vaccination:

List previous work and
volunteer experience:

Do you have previous animal
care experience?

Why do you want to become part of the
Junior Volunteer Programme?

Reference: Please provide the name of one teacher from your school who would act as a character reference.

Please check the morning that you are available to volunteer. Saturday Sunday _____

Please read and sign: I understand that I will be required to volunteer one morning every weekend for a full school year and attend learning modules or field trips throughout the year. I also understand that I will be responsible to make up any hours which I miss in order to complete the programme.

Signature:

Date:

ALL APPLICATIONS SHOULD BE SUBMITTED NO LATER THAN SEPTEMBER 15TH, 2025 FOR CONSIDERATION

Applications must be submitted via email (activities@bzs.bm).
For further information please call 293-2727x 2133 or email activities@bzs.bm.

Educating Tomorrow's Environmentalists

P.O. Box 145, Flatts FL BX, Bermuda • Tel: (441) 293-2727 • www.bzs.bm

ACCREDITED BY THE
**ASSOCIATION
OF ZOOS &
AQUARIUMS**