

**Application Form – Summer Camp Teacher 2026**

Name: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_

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

Telephone: (please provide 2) \_\_\_\_\_ Email: \_\_\_\_\_

Name of school, if attending: \_\_\_\_\_ Year level: \_\_\_\_\_

Name of school where teaching: \_\_\_\_\_ Year level: \_\_\_\_\_

Are you a Bermudian, the spouse of a Bermudian or PRC? YES NO

Please indicate the weeks for which you are requesting employment:

- Week 1 29<sup>th</sup> June – 3<sup>rd</sup> July
- Week 2 6<sup>th</sup> July – 10<sup>th</sup> July
- Week 3 13<sup>th</sup> July – 17<sup>th</sup> July
- Week 4 20<sup>th</sup> July – 24<sup>th</sup> July
- Week 5 3<sup>rd</sup> August – 7<sup>th</sup> August
- Week 6 10<sup>th</sup> August – 14<sup>th</sup> August
- Week 7 17<sup>th</sup> August – 21<sup>st</sup> August
- Week 8 24<sup>th</sup> August – 28<sup>th</sup> August

If you have already been an Aqua Camp teacher, **you may skip the next 3 questions.**

Why are you interested in participating in Aqua Camp? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relevant qualifications / present course of study: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous experience of teaching or working with children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Health Information (allergies etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide details of two references that we may contact regarding character and work experience:

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Please check the following if you have:

<input type="checkbox"/> Participated in the BZS Junior Volunteer Programme	Dates: _____
<input type="checkbox"/> Attended Lecture Series (one or more)	Dates: _____
<input type="checkbox"/> Participated in BAMZ/BZS Internship Programme	Dates: _____
<input type="checkbox"/> Worked/volunteered at BUEI	Dates: _____
<input type="checkbox"/> Worked/volunteered at the BIOS	Dates: _____
<input type="checkbox"/> Participated in Aqua Camp as a child	

Do you have a preference for the age group you teach? YES NO

If yes, please circle which age group(s) you would prefer to teach: **Angelfish** (going into P1); **Squirlfish** (completed P1 or P2); **Snappers** (completed P3 or P4); **Jacks** (completed P5 or P6); **Explorers** (completed M1 or M2)

Are you a strong swimmer and snorkeler? YES NO

SCUBA qualification(s)? YES NO

Details: \_\_\_\_\_ Date: \_\_\_\_\_  
Details: \_\_\_\_\_ Date: \_\_\_\_\_



Life-saving? YES NO

Details: \_\_\_\_\_ Date: \_\_\_\_\_

First Aid Certification? YES NO

Details: \_\_\_\_\_ Date: \_\_\_\_\_

SCARS Training? YES / NO (circle as appropriate)

Details: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Please return this form to:**

**Education Administrator, Bermuda Zoological Society, P.O. Box FL 145, Flatts FL BX**  
**Telephone: 293-2727 ext. 2181 – email: [edadmin@bzs.bm](mailto:edadmin@bzs.bm)**