



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 29th June – 3rd July

☐ Week 2 6th July – 10th July

☐ Week 3 13th July – 17th July

☐ Week 4 20th July – 24th July

☐ Week 5 3rd August – 7th August

☐ Week 6 10th August – 14th August

☐ Week 7 17th August – 21st August

☐ Week 8 24th August – 28th 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: _____	Name: _____
Position: _____	Position: _____
Telephone: _____	Telephone: _____
Email: _____	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); **Squirreelfish** (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