



4004 East 800 North
Battle Ground, Indiana, 47920
P: (765) 567-2265
F: (765) 567-4299
W: WolfPark.org

Wolf Park Young Naturalist Program Application

Date: _____

First and Last Name: _____ Date of Birth: _____

E-mail Address: _____ Current Grade: _____

Application Checklist: IMPORTANT: ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED!

- Completed Application
- \$20 non-refundable fee (either check or online donation)
- Two Letters of Recommendation
- Signed Permission Form

Mailing Address:

Street: _____

City: _____

State: _____

Country: _____ Phone Number: _____

Parental Contact Information:

First and Last Name: _____

Street: _____

City: _____

State: _____

Country: _____ Phone Number: _____

Email Address: _____

Education:

Current or Last School Attended: _____

City/State/Country: _____

Expected Date of Graduation (If applicable): _____ GPA: _____

Field of Study: _____

What are you allergic to? _____

Do you have any special needs, or anything that we need to know to ensure a positive experience in our program?

Send this application to: **Wolf Park**
4004 East 800 North - Battle Ground, Indiana 47920 - United States
or Email: WolfPark@WolfPark.org



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Emergency Contact:

Name: _____ Phone Number: _____

Relationship: _____

Availability:

All members will meet together on one weekend day per month (typically the first Saturday of the month) for an organized group activity. Additionally, members will be able to come to the park twice per month for more individualized activities. In order to maintain current membership status members must participate in at least 5 out of the first 6 organized group activities, as well as 6-8 hours a month, OUTSIDE of the organized group activity.

Areas of Volunteering Interest:

- | | | |
|---|---|--|
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Admission/Sales | <input type="checkbox"/> Guided Tours/Public Relations |
| <input type="checkbox"/> Work with Children | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Office Work |
| <input type="checkbox"/> Educational Displays | <input type="checkbox"/> Animal Care Taking | <input type="checkbox"/> Special Programs |

Other: _____

Getting to Know You: If you need more room, please feel free to attach additional pages.

What attracted you to our Wolf Park Young Naturalist Program? Why do you think you would be a good member for this organization? _____

Do you have any experiences, knowledge or special skills that would make you a good applicant?

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Are you a member of any clubs, organizations or do any volunteer work?

Have you volunteered before? Tell us about it!

What accomplishment are you most proud of? Why?

Please attach two letters of recommendation—one from a teacher, and one from an adult who has known you for at least two years. Neither one may be written by a relative. Home-schooled applicants may substitute a teacher-written letter with one from a community member.

It is your responsibility to tell the author that each letter of recommendation must include:

1. The author's name, signature, daytime phone number, and the date written
2. The author's relation to you
3. How long the author has known you
4. The author's account of instances that have shown your ability to:
 - a. Follow through with commitments
 - b. Take initiative
 - c. Make responsible decisions
 - d. Act as a representative of a community facility committed to providing safety and enjoyment for visitors of all ages and quality care for animals

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Release Statement

The undersigned recognizes and acknowledges that the Wolf Park Young Naturalist Program may include contact with Non-domestic animals that involves risk of bodily injuries, both known and unknown, including, without limitation, bruises, scrapes, abrasions, infections, broken bones, trauma, death, fear and mental anguish and property damages, both known and unknown. Further, the undersigned hereby assumes each of the risks described above and releases and discharges claims, demand cost, expenses, attorney's fees, compensation and all consequential or other damages now accrued or hereafter to accrue to or for the benefit of the undersigned on account of or in any way arising out of the participation by the undersigned in the Volunteer Program, specifically including, without limitation, any personal injury or property damage incurred while on Wolf Park property, volunteer residence or in any vehicle belonging to Wolf Park.

The undersigned also agrees that any photographs taken or audio-visual recordings (including film or videotapes) made at Wolf Park will be used only for private non-commercial purposes, and that no other use (whether commercial or non-commercial) of such photographs or recordings will be made without the prior written authorization of Wolf Park. The undersigns further consents to the making, use, and reproduction of Wolf Park or anyone authorized by Wolf Park of photographs, video recordings or film of his/her images while engaged in the Volunteer Program for any purpose whatsoever in connection with Wolf Park's activities, without compensation to the undersigned.

The undersigned acknowledges that he/she has read, and understands and fully agrees to the above.

Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

For Parents:

I hereby give my child permission to participate in the Wolf Park Young Adult Naturalist Program and release the program, Wolf Park, Inc., its supporters, sponsors, volunteers, and staff from liability for any injury sustained by my child while a participant in this program. I also give the Wolf Park Inc., staff permission to seek emergency medical treatment for any injury that might be sustained by my child while participating in any activity at Wolf Park, Inc.

Parent's Signature: _____ Date: _____

Name of Physician: _____

Phone: _____

Insurance Company: _____

Policy Number: _____

Phone: _____