



GENERAL INFORMATION

Name: _____
LAST FIRST MIDDLE INITIAL

Address: _____
STREET CITY STATE ZIP

Phone: _____
CELL WORK HOME

Email: _____ Today's Date: _____

Are you under 16? Yes No Are you under 18? Yes No Are you under 21? Yes No

The minimum age to volunteer is 12 years old. A guardian must accompany volunteers under the age of 16 at all times.

Volunteers under the age of 18 can participate in our Guest Engagement program. All other positions must be 18 or older, except diving. Divers must be at least 21 to dive at the aquarium.

EDUCATION

High School: _____
NAME LOCATION NUMBER OF YEARS COMPLETED

Did you graduate? Yes (*Diploma*): _____ No

College: _____
NAME LOCATION NUMBER OF YEARS COMPLETED

Did you graduate? Yes (*Degree*): _____ No

College: _____
NAME LOCATION NUMBER OF YEARS COMPLETED

Did you graduate? Yes No

EMPLOYMENT

Company: _____ Position: _____

From: _____ To: _____ Supervisor: _____

Company: _____ Position: _____

From: _____ To: _____ Supervisor: _____

PROFESSIONAL REFERENCES

The volunteer department will contact two professional references. Please do not list friends or family members.

Name: _____ Occupation: _____

Relationship: _____ Time known: _____

Email: _____ Phone: (_____) _____

Name: _____ Occupation: _____

Relationship: _____ Time known: _____

Email: _____ Phone: (_____) _____

Have you been convicted of a crime in the past 7 years? Yes No If yes, please explain:

INTERESTS

Please check the positions that you are interested in learning more about.

- Fishes Marine Mammals Wild Reef Diving Guest Engagement
- School Programs Special Events/Greeter Marine Mammals Diving
- Horticulture Water Quality Laboratory Carribean Reef Diving
- Other: _____
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PERSONAL INFORMATION

Why would you like to volunteer for Shedd? How did you learn of the Program?

Have you volunteered here before?

Please describe any training, skills, foreign languages and/or certificates that may enhance your ability to be a successful volunteer at Shedd.

Tell us about any other volunteer experience(s).

AVAILABILITY

How long can you commit to volunteering at Shedd?* _____

*please reference our minimum time requirement to volunteer with the aquarium.

Please check the boxes below that represent your regularly available hours.

Morning: approx. 8–1, Afternoon: approx. 1–6

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AGREEMENT

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. If the information provided in this document is found to be untruthful, I understand that I will be released from the volunteer program. I understand that I will not be paid for my services as a volunteer, and that filling out an application for the program does not guarantee acceptance into a volunteer position.

Applicant's Signature: _____ Date: _____

IF UNDER 16,
Guardian's Signature: _____ Date: _____

Please send your completed application to: Shedd Aquarium • Attn: Volunteer Services Department • 1200 S. Lake Shore Drive • Chicago, IL 60605 or fax to: 312-939-4895. If you have a current resume and would like to include it, we would welcome the additional information.