



## The Living Planet Aquarium Volunteer Application

**Volunteer Services**, The Living Planet Aquarium, 725 E. 10600 S. Sandy, UT 84094

Phone: (801)495-4448 ext. 212

Email: [volunteer@thelivingplanet.com](mailto:volunteer@thelivingplanet.com)

### Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Date of Birth	

### Availability

During which hours are you available for volunteer assignments?

Sunday-Thursday (10:30-2:30)

Friday-Saturday (11:00-3:00)

Sunday-Thursday (2:30-6:30)

Friday-Saturday (3:00-7:00)

Weekday

Weekend

### Interests

Tell us in which areas you are interested in volunteering

Education

Birthday Parties

Administration

Greeter/Gift Shop

Guest Interaction

Husbandry (Limited)

Fundraising

Repairs

Events/Special occasions

### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

## Previous Volunteer Experience

Summarize your previous volunteer experience.

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## Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Personal References (please list 3 persons NOT related to you.)

Name	
Relationship	
Phone	
Address	
E-Mail Address	
Name	
Relationship	
Phone	
Address	
E-Mail Address	

Name	
Relationship	
Phone	
Address	
E-Mail Address	

Are you 18 years of age and older?      Yes\_\_\_\_\_      No\_\_\_\_\_

If no, please write age\_\_\_\_\_

Do you have a current driver's license?      Yes\_\_\_\_\_      No\_\_\_\_\_

If so please list drivers license number. \_\_\_\_\_

Have you ever been convicted or pled guilty to a crime, either misdemeanor or felony offense?

Yes\_\_\_\_\_      No\_\_\_\_\_

If yes, briefly explain:

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Have you ever had an order of protection issued *against* you?      Yes\_\_\_\_\_      No\_\_\_\_\_

Have you been placed on any state or national Child Abuse Regerstry, or the National Sex Offender Registry?      Yes\_\_\_\_\_No\_\_\_\_\_

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. By signing below you understand that any offer to volunteer is conditioned upon the satisfactory completion of the background check. TLPA will hire only those individuals who are legally authorized to work in the United States and who present acceptable proof of their lawful employment status.

Name (printed)	
Signature	
Date	

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.