



# Phoenix Herpetological Society

## Volunteer Application

Thank you for your interest in volunteering at the Phoenix Herpetological Society! We are passionate about the conservation of native and exotic reptiles and are excited to share our animals, experience, and knowledge with you.

Please complete the enclosed Volunteer Application truthfully and as thoroughly as possible. We appreciate the time and effort you are putting forth in this process. Please know that everything we ask for in this process is to help us get to know you, your background, and specific interests. Your detailed, accurate answers will help us achieve a safe and well-prepared workplace and atmosphere. All information gathered in the volunteer application is confidential, as we value our volunteers' privacy. Keep this page for your records, then either email (to [crystie@phoenixherp.com](mailto:crystie@phoenixherp.com)) or mail pages 1 – 4 of this application to our mailing address:

Phoenix Herpetological Society  
Volunteer Program  
20701 N. Scottsdale Rd.  
Suite 107 – 401  
Scottsdale, AZ 85255

**Please note:** *The mailing address above is a post office box and is different than our physical address. Our physical address, driving directions, and instructions will follow approval of your application. Do not hand deliver or walk-in to deliver any applications or correspondence to the above address; it is not permitted.*

If your application is accepted, you will be asked to sign a Waiver of Release, PHS Volunteer & Code of Conduct Agreement, Parent/Guardian Consent Form (if under 18 years of age). You will also be asked to provide a current legal form of identification, which will be kept on file at all times. Please understand that PHS receives many volunteer applications – we do our best to review and contact you in a timely manner. Questions regarding the Volunteer Program may be directed to [crystie@phoenixherp.com](mailto:crystie@phoenixherp.com).

We look forward to working with you soon!

Sincerely,  
The PHS Team



# Phoenix Herpetological Society

## Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Current Age (if under 18): \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

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### Availability

Considering your personal, school, and/or work schedules, please indicate which days and time frames you are available to volunteer by completing the chart below. PHS is open 8:00 am – 5:00 pm Monday – Saturday; we are closed on Sundays and major holidays.

	Day	Time Frame
<input type="checkbox"/>	Monday	
<input type="checkbox"/>	Tuesday	
<input type="checkbox"/>	Wednesday	
<input type="checkbox"/>	Thursday	
<input type="checkbox"/>	Friday	
<input type="checkbox"/>	Saturday	

Do you have any comments you would like to add, regarding your availability to volunteer? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Background Information

- \* Do you have a current Arizona Driver's License? ☐ Yes ☐ No
- \* Do you own a vehicle? ☐ Yes ☐ No
- \* If not, do you have reliable transportation? ☐ Yes ☐ No
- \* Do you have a current AZ Game & Fish Hunting License? ☐ Yes ☐ No
  - o If so, please include a photocopy with your application.
- \* Do you have a current AZ Wildlife Services Permit? ☐ Yes ☐ No
  - o If so, please include a photocopy with your application.
- \* Have you ever been convicted of a crime (including AZ Game & Fish)? ☐ Yes ☐ No
  - o If yes, please explain: \_\_\_\_\_
- \* How did you hear about the volunteer opportunities at PHS? \_\_\_\_\_  
\_\_\_\_\_
- \* Do you have any pets/animals at home? ☐ Yes ☐ No
  - o If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
- \* Please describe your previous experiences, knowledge of, and/or studies regarding reptiles.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- \* Describe your previous volunteering experiences (please be specific). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- \* Why do you wish to volunteer for the Phoenix Herpetological Society? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- \* Regarding your background information, do you have any other comments, notes, or concerns you would like to express? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Interest Statements

Are you interested in volunteering for:

Education Events?	<input type="checkbox"/> Yes <input type="checkbox"/> No	On-Site Events?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-Venomous Snakes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Off-Site Events?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Large Lizards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mammals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Small Lizards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Administrative Assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Turtles/Tortoises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Venomous Snake Calls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rescues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Crocodilians?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have any additional interests you would like to mention? If so, please do so here. \_\_\_\_\_

\_\_\_\_\_

What skills do you possess that will help you fulfill the roles for which you are interested in volunteering?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Medical History

\* We ask these questions so that we may properly respond in an unanticipated medical emergency.

Medical Insurance Provider: \_\_\_\_\_

Group Number: \_\_\_\_\_ ID#: \_\_\_\_\_

Primary Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

- \* List any and all allergies (plant, animal, medicinal, food, etc.) and reactions: \_\_\_\_\_  
\_\_\_\_\_
- \* List any recent illness that may require special attention: \_\_\_\_\_  
\_\_\_\_\_
- \* List any mental or physical handicaps that may require specific attention: \_\_\_\_\_  
\_\_\_\_\_
- \* Describe any Venomous/Non-Venomous bites and reactions: \_\_\_\_\_  
\_\_\_\_\_
- \* Please complete the chart below for any and all medications you currently take.

	Medication Name:	Dosage:	Reason for Taking:
<input type="checkbox"/> Prescription <input type="checkbox"/> OTC			
<input type="checkbox"/> Prescription <input type="checkbox"/> OTC			
<input type="checkbox"/> Prescription <input type="checkbox"/> OTC			
<input type="checkbox"/> Prescription <input type="checkbox"/> OTC			

Please provide any additional, relevant information regarding your medical history, medications, or current medical conditions here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing here, I acknowledge that I have read and fully understand the information required herein, and I have provided true and accurate information.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Printed Name

If volunteer is a minor:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name

*Thank you for applying to volunteer at the Phoenix Herpetological Society!*  
*We look forward to speaking with you soon!*