



Membership Application

a program of the Buttonwood Park Zoo &



a program of the Jane Goodall Institute | www.rootsandshoots.org

Name: _____ Nickname: _____
 Street Address: _____

 Email Address: _____
 Home Phone: _____ Cell Phone: _____ Date of Birth: / /

Education

What school do you currently attend? _____
 What grade are you in? _____ What is your favorite subject? _____

Current and previous extracurricular activities and volunteer experience (use back if needed)

From/To	Organization	Duties Performed

How did you hear about the Buttonwood Park Zoo Roots & Shoots program?

Briefly describe yourself and your interests. Include any skills and abilities that you think would benefit the Buttonwood Park Zoo's Roots & Shoots Program.

Student Section:

I certify that the statements made on this application are true and correct to the best of my knowledge and hereby grant the Buttonwood Park Zoological Society permission to verify my application by contacting any individual(s) or organization(s) named in this application.

Signature: _____ Date: _____

Parent/ Guardian Section:

I have read this application and understand the requirements for my child's participation. I support my child's application to become a member of the Buttonwood Park Zoo's Roots & Shoots Program. I understand that I will be required to provide transport for my child to and from events. I am willing to support my child as a member of the Buttonwood Park Zoo's Roots & Shoots program.

Signature: _____ Date: _____

Please return this application to:
 Erine Anderson Volunteer Coordinator, Buttonwood Park Zoo, 425 Hawthorn Street, New Bedford, MA 02740