



# APPLICATION FOR VOLUNTEER POSITION

The Aquarium of the Pacific in Long Beach is a strong believer in equal opportunity for all.  
Please print and answer all questions completely.

*Thank you so much for your interest in volunteering.  
Our guests and our animals need you, and your efforts will always be appreciated.*

## TELL US ABOUT YOU

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Title \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment \_\_\_\_\_

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

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Message / Work / Cell ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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

**What would you like to do?** [All volunteer animal care positions require specific prior experience].

- Exhibit Interpreter   
  Aquarium Host   
  Pacific Collections   
  Exhibit Diver  
 Marine Mammals   
  Aquarist   
  Vet Support   
  Aviculture  
 Special Events   
  Administrative Support   
  Other \_\_\_\_\_

(If you are applying for more than one position, label the first choice **1**, the second choice **2**.)

Please indicate the times you can be available to volunteer (make an X).  
The Aquarium is open 6 days a week, from 9 am to 6 pm and on Fridays from 9am to 9 pm.

	MON	TUE	WED	THU	FRI	SAT	SUN
Morning							
Afternoon							
Full Day							
Evening*							

\* Evening shifts are for divers & special events .

How did you hear about volunteering at the Aquarium? \_\_\_\_\_

**Aquarium of the Pacific**  
**Attn: Sean Devereaux**  
**Manager, Volunteer Services**

Phone: (562) 951-1672  
[sdevereaux@lbaop.org](mailto:sdevereaux@lbaop.org)

100 Aquarium Way  
 Long Beach, CA 90802

Fax: (562) 951-3111  
[www.aquariumofpacific.org](http://www.aquariumofpacific.org)

Have you volunteered for other organizations?

Organization	Position	Dates	Supervisor	Phone

Can you speak and/or write any other language? List the language(s) and your level of fluency.

Describe any hobbies or skills that are relevant to the volunteer position that interests you.

***YOUR EDUCATION***

Education (circle last grade completed)

Grade School	5	6	7	8	College	1	2	3	4
High School	9	10	11	12	Graduate School	1	2	3	4

Degree(s) \_\_\_\_\_ Major(s) \_\_\_\_\_

Name & Location of School \_\_\_\_\_

Other schooling \_\_\_\_\_

***EMPLOYMENT HISTORY – Your Current or Most Recent Position***

Employment Dates: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Employer \_\_\_\_\_

Employer's Street Address \_\_\_\_\_

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

Type of Business \_\_\_\_\_ Your Job Title \_\_\_\_\_

Your Supervisor's Name & Telephone Number \_\_\_\_\_

Your Duties \_\_\_\_\_

Why do you want to be a volunteer at the Aquarium of the Pacific? \_\_\_\_\_

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***TELL US MORE***

What else would you like us to know about you? Include specific qualifications that meet the requirements of the volunteer position in which you are interested, e.g. highest level of dive certification; experience in caretaking of mammals and/or fishes; public speaking. \_\_\_\_\_

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Have you ever been convicted of a crime? Yes  No

If yes, please explain: \_\_\_\_\_

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***Emergency Contact***

Name of person \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

## ACKNOWLEDGMENT

The information in this application is true and complete, and I have not knowingly withheld any information. I understand that misrepresentation may be cause for dismissal. I authorize verification of all information contained in this application. I understand that as a volunteer at the Aquarium of the Pacific, I will be expected to demonstrate a serious commitment to uphold the mission of the Aquarium, to maintain an environment of integrity for people and for animals, and to focus on customer service, with respect for all employees, volunteers and guests.

### PARENT'S PORTION (for applicants under 18 years of age)

I have read and understand this application and I give my child permission to be a volunteer at the Aquarium of the Pacific. I accept full responsibility for my child's participation in this program. I give permission for the Aquarium to transport my child to any and all activities and consent to emergency medical attention in the event I cannot be reached. I also consent to allow the Aquarium of the Pacific to conduct a background screening.

Signature of Parent of Guardian \_\_\_\_\_ Date \_\_\_\_\_

### VOLUNTEER'S PORTION

As a volunteer at the Aquarium of the Pacific, I agree to follow all AOP guidelines and policies. In addition, I consent to emergency medical attention in the event that I am unable to give my consent. I agree that the Volunteer Services Dept of the Aquarium of the Pacific may conduct a background check at its discretion. I am aware that the Aquarium of the Pacific has the right to release me from service at any time, just as I have the right to withdraw from volunteer service at any time.

Signature \_\_\_\_\_ Date \_\_\_\_\_

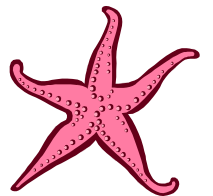
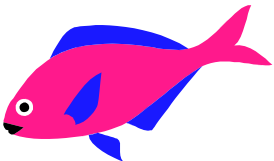
*Thank you so much for your interest in The Aquarium of the Pacific.*

## OUR MISSION

To instill a sense of wonder, respect and stewardship for the Pacific Ocean, its inhabitants and ecosystems.

We will be the best Aquarium in the world by providing:

- ◆ wonderful exhibits,
- ◆ a nurturing environment for our organisms,
- ◆ uncompromising service,
- ◆ inspiring and exciting learning experiences, and
- ◆ exceptional cleanliness and safety.



With good people and a commitment to our community.