

Summer Safari Counselor Application

Applicant Information

Name: _____ Date: _____
First Last

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

This position requires that you are available the entire term. Are you able to work Monday- Friday for the month of June? YES NO
If NO, dates that you are unavailable: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for or volunteered for the Alexandria Zoo? YES NO

If yes, list position and dates? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other:

Address:

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Additional Information

Do you have a current First Aid certificate? Yes No

Do you have a current CPR certificate? Yes No

Please state why you are interested in working for Friends of the Alexandria Zoo and state any qualifications you have that might assist you in your employment as a Summer Safari counselor.



Is there any additional information you would like to share with us?

Applicant's Statement

By submitting this application, I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for, is cause for dismissal. Further, I understand and agree that my employment is for no definite period, and may be terminated at any time without any previous notice.

I have read and agree to this disclaimer

Signature: _____ Date: _____

Return the application along with your resume by (mail to Education Department, Alexandria Zoo, 3016 Masonic Drive, Alexandria, LA 71301), (fax to 318-473-1149) or (email to zoo.education@cityofalex.com) no later than April 27, 2026.