



INCORPORATING



**SOUTH AFRICAN ASSOCIATION FOR MARINE BIOLOGICAL RESEARCH**  
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## VOLUNTEER APPLICATION FORM MAMMAL & BIRD DEPARTMENT Ushaka Sea World

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

### PERSONAL DETAILS

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Telephone No: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ ID No: \_\_\_\_\_

Present or last school attended and to what level: \_\_\_\_\_

What are your future plans in the next year or two?: \_\_\_\_\_  
\_\_\_\_\_

Describe yourself in 5 words \_\_\_\_\_

HEALTH	1. Are you physically fit	YES / NO
	2. Are you mentally sound?	YES / NO
	3. Do you suffer from any long term medical conditions?	YES / NO
	4. Are you currently taking any regular medication?	YES / NO
	5. Are you aware of any allergies, which could be aggravated by working at Sea World?	YES / NO

If you have answered YES to questions 3,4 or 5, please provide details. \_\_\_\_\_  
\_\_\_\_\_

Do you have back problems?: \_\_\_\_\_

Are you able to swim? \_\_\_\_\_ Are you able to free dive to 6m? \_\_\_\_\_

How do you feel about fish cutting and scrubbing floors? \_\_\_\_\_

Why do you want to volunteer at Sea World? \_\_\_\_\_

Registration No. 1951/000002/08 | Public Benefit Organisation No. 930025295 | Non Profit Organisation No. 000-347NPO

SAAMBR is an Incorporated Association Not For Gain and a member of: IUCN (World Conservation Union) and WAZA (World Association of Zoos and Aquaria). Accredited member of PAAZAB (African Association of Zoos and Aquaria). ORI is academically affiliated to the University of KwaZulu-Natal

Have you ever done volunteer work before? \_\_\_\_\_ Where: \_\_\_\_\_

Do you have your own transport? \_\_\_\_\_ If not, how will you get to Sea World? \_\_\_\_\_

How often are you available to volunteer? \_\_\_\_\_

Are you able to work overtime? \_\_\_\_\_

What do you think of animals in captivity? \_\_\_\_\_

Present Employer \_\_\_\_\_

Job Description \_\_\_\_\_ Period of Employment \_\_\_\_\_

Have you ever been convicted by the courts, cautioned, reprimanded or given a warning by the police and/or had allegations made against you? YES/NO

Guardian (if applicable) Name: \_\_\_\_\_ Tel: \_\_\_\_\_

In the event of an emergency, list two contacts and a phone numbers for each.

1. \_\_\_\_\_

2. \_\_\_\_\_

### Disclaimer

To the best of my knowledge, the information given on this form is true and comprehensive. Should I be accepted as a volunteer or become a paid part-timer of uShaka Sea World, I understand that it will be on the basis that the truthful completion of this form constitutes part of the terms of contract of my employment.

Applicants' Signature \_\_\_\_\_

Parent/Guardians' Signature (if under 21) \_\_\_\_\_

Please email this completed application form to: [colette@seaworld.org.za](mailto:colette@seaworld.org.za) or fax to 031 328 8188, please mark for the attention of Colette.

### FOR OFFICIAL USE

Swim Test	YES (2)	PARTIAL (1)	NO (0)
200m swim			
10m u/water breath hold			
Free dive to depth 4m			
5 min treading water			
<b>TOTAL</b>	/8		

Persons scoring less than 50% (4/8) will not be accepted into the volunteer program.