



# ZOO TEEN PROGRAM

**Formally known as the Counselor-in-Training Program**

The Zoo Teen program is designed for students ages 15 – 18. The role of a Zoo Teen is to assist Educators and Education Specialists with groups of fellow students, campers, and the public with presentations, activities, and group management. Zoo Teens are expected to show a desire to contribute to the mission and goals of the St. Augustine Alligator Farm and the Alligator Farm Foundation. Zoo Teens are held to the same standards as our staff and are expected to follow the same rules and regulations we hold for our staff and guests.

While this is **NOT** a position that assists our animal staff, Zoo Teens will develop skills in group and time management, public speaking, ambassador animal handling, as well as having fun in a conservation education atmosphere! **After** the Zoo Teen calendar year (May 2025 – March 2026), each Zoo Teen will receive a letter outlining accomplishments and the number of hours served. Zoo Teens may request to have their service hours in advance through the Curator of Education. Any additional paperwork required must be completed by the Zoo Teen and then submitted for a signature.

The Zoo Teen program is \$150 which covers the cost of uniforms (5 shirts), program materials, light snacks, and beverages. Zoo Teens may bring their own lunch or purchase one onsite at Toucantina. If purchasing lunch, Zoo Teens must bring their own money. Zoo Teens must arrive by 8:30am on scheduled days. Full Days will run from 8:30am – 4:15pm and Half Days will run from 8:30am – 12:30pm. Zoo Teens are required to have their own transportation.

Please note that positions are extremely limited, and candidates will be selected based on the strength of their application. The deadline for applications is April 30<sup>th</sup>, 2025, by 5:00pm. **LATE APPLICATIONS WILL NOT BE ACCEPTED.** Applicants will be contacted no later than May 16<sup>th</sup>, 2025, regarding their status.

After notice of acceptance, payment must be made within one week or the position will be filled by another applicant. There will be a mandatory orientation on May 24<sup>th</sup>, 2025.



## **ALLIGATOR FARM ZOO TEEN PROGRAM 2025**



### How Do I Apply for the Zoo Teen Program?

Deadline for applications is April 30<sup>th</sup>, 2025 by 5:00pm. Applications that arrive late will not be considered. Please plan accordingly. All pieces of the application must be submitted together. Applicants must complete and submit the following paperwork to be considered for the Zoo Teen Program:

- Zoo Teen Application (3 pages)
  - Fill out all requested information
- Teacher Recommendation
  - Must be from a current classroom teacher. If homeschooled, have a non-related adult, such as a coach or family friend fill out.
- Recommendation Letter
  - Must be from a non-related adult, such as a coach or family friend.

**Teacher Recommendation and Recommendation Letter must be from two different individuals.**

Things to remember:

- Answer the short essay questions in complete sentences.
- Do not submit extra materials such as pictures or additional recommendation letters.
- Zoo Teen positions are extremely limited. Selection is based on the strength of the application and the applicant's ability to follow instructions.

**\*\*\*Not every applicant receives a spot in the program\*\*\***

Applications can be mailed to:

Education Department  
St. Augustine Alligator Farm Zoological Park  
999 Anastasia Blvd.  
St. Augustine, FL 32080



## ALLIGATOR FARM ZOO TEEN APPLICATION 2025



**Application is to be completed by the applicant.** All pieces of the application must be submitted together; any pieces arriving separately will not be considered. Deadline is April 30<sup>th</sup>, 2025.

### Demographic Information

Name \_\_\_\_\_ DOB \_\_\_\_\_

Current Grade \_\_\_\_\_ Current School \_\_\_\_\_

Home Phone \_\_\_\_\_ Address \_\_\_\_\_

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

Guardian Name \_\_\_\_\_ **Email** \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

In the event of an emergency the parent/guardian will be contacted first. Please provide a second contact.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Did you ever attend Camp at the St Augustine Alligator Farm?      Yes      No

Have you applied for the Zoo Teen or CIT program before?      Yes      No      Year(s)?

Have you ever participated in the Zoo Teen or CIT program before?      Yes      No      Year(s)?

How did you hear about the Zoo Teen Program? \_\_\_\_\_

### Waiver

I understand that the educational programs are provided by the St Augustine Alligator Farm, and I understand the inherent dangers involved with my child's participation in these programs, including the risk of personal injury and/or damage to my child and/or my property while participating in these programs. I further understand and acknowledge that the participants in such programs are not covered under insurance of St Augustine Alligator Farm and that St Augustine Alligator Farm would not allow my child's participation in these programs absent my signing this release. I authorize and grant permission for a representative of St Augustine Alligator Farm to obtain emergency medical care from any licensed physician or hospital and/or medical clinic should my child become ill or injured while participating in educational activities away from home or at other times when neither parent nor guardian is available to grant authorization for emergency treatment. I therefore freely and voluntarily execute this release with such knowledge, assume the risk of personal injury and/or property loss arising from or in any way connected with my child's participation in any educational programs offered by the St Augustine Alligator Farm. I hereby release and discharge St Augustine Alligator Farm and any and all agents of St Augustine Alligator Farm from any liability, claim, cause of action, demand or damages from injury or damages of any kind to my child or my property as a result of my child's participation in the educational programs of St Augustine Alligator Farm. I grant permission and understand that photos and other images taken during this event could be used in print advertisement and other forms of media. I further waive, release, absolve and agree to indemnify and hold St Augustine Alligator Farm harmless as a result of my child's participation in any educational programs sponsored by St Augustine Alligator Farm. I understand that should my child become a disruptive force during the educational program that the instructor may choose to release him/her from the program.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Short Essay Questions (If more room is needed, please handwrite on your own paper.)

1. If you could create a conservation plan for one native species in Florida, what would it be and why?

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2. Would you rather live by a coral reef or near a tropical rainforest? Why?

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3. Name three positive traits about yourself and explain how they would be beneficial as a Zoo Teen.

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4. Why do you want to be a Zoo Teen at the St Augustine Alligator Farm? Be specific!

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5. What would you like to achieve by participating in the Zoo Teen program?

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6. In your own opinion, what is the greatest aspect of the St. Augustine Alligator Farm Zoological Park?

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7. How do you think zoos and aquariums contribute to the bigger picture of wildlife conservation?

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8. Please select the sessions for which you are applying. You will be accepted for a maximum of four sessions. It is highly recommended that you apply for all sessions for which you are available.

✓	Week #	Dates
	1	June 9 – 13: Zoorassic Park Session I
	2	June 16 – 20 : Junior Zookeeper Session I
	3	June 23 – 27: Myths and Monsters
	4	June 30 – July 4: Sharks and Minnows
	5	July 7 –11: It’s a Pirates Life
	6	July 14 – 18: Junior Zookeeper Session II
	7	July 21 – 25: Nature’s Nasties

	8	July 28 – August 1: Zoorassic Park Session II
	9	August 4 – 8: Jr. Zookeeper Session III



## ALLIGATOR FARM ZOO TEEN TEACHER RECOMMENDATION



Directions: Teacher Recommendation must be from a current classroom teacher. If homeschooled, please have a non-related adult, such as a coach or a family friend complete. **Teacher should place the letter in an envelope, seal the envelope, sign over seal and return to applicant.**

Name of Applicant \_\_\_\_\_

Name of Recommender \_\_\_\_\_ Subject \_\_\_\_\_

1	2	3	4	5
Poor	Below Average	Average	Good	Very Good

Using the scale found above, please rate the following items:

Maturity	1	2	3	4	5
Leadership	1	2	3	4	5
Work Ethic	1	2	3	4	5
Self Confidence	1	2	3	4	5
Initiative/Independence	1	2	3	4	5
Overall	1	2	3	4	5

What are the first three words that come to mind when describing this student?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please write any additional comments about the student.

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

