

DOCENT APPLICATION

Name _____ Birth date (optional) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Other Phone _____ E Mail _____

Emergency Contact Name/Relation _____ Phone _____

Date of last TB Test _____ Date of last Tetanus Shot _____

Do you have: Current CPR? ☐ Yes, Dated: _____ ☐ No Current First Aid? ☐ Yes, Dated: _____ ☐ No

Do you have continuous comprehensive, personal, medical, health, hospitalization insurance? ☐ Yes ☐ No

Do you Smoke? ☐ Yes ☐ No Are you willing to take a drug test? ☐ Yes ☐ No

Are you 18 or over? ☐ Yes ☐ No Do you have a valid Driver's License? ☐ Yes, State: _____ ☐ No

Have you ever been convicted of a misdemeanor or felony? ☐ Yes (Detail on back) ☐ No

Have you volunteered at any Zoological institutions before? If yes, please list: _____

What days are you interested in? ☐ Weekdays ☐ Weekends

Do you have any physical limitations, allergies, etc? ☐ Yes (Details on back) ☐ No

Can you lift and routinely handle weight of 50 to 80 pounds? ☐ Yes ☐ No

Do you have any other medical, physical, or mental problems we should be aware of? ☐ Yes ☐ No

If yes, please explain: _____

Do you understand and are willing to take the risk and the consequences of contracting communicable Zoonotic diseases from Zoo animals? ☐ Yes ☐ No

Do you fully understand that in the course of working with wild animals of any species you may be subject to serious physical injury and are you willing to subject yourself to potential injury? ☐ Yes ☐ No

Signature _____ Date _____

Interviewed By: _____ Date/Time _____

DOCENT ANIMAL CONTACT INFORMATION

- (1) List animals you own and which reside in your household:

SPECIES

SPECIMENS

- (2) List Veterinarian(s) who provide care for your animals:

- (3) List animals you do not own but routinely come in contact with:
(excluding Cougar Mountain Zoo animals)

SPECIES

SPECIMENS

I promise to keep the above information current during my tenure as an Intern, and promise to submit to the Zoo physical proof of annual animal care by my Veterinarian(s).

Print name

Birth Date

Signature

Date

TB / TETANUS / MEDICAL INSURANCE VERIFICATION

NAME (Volunteer or Staff Member): _____

TUBERCULIN SKIN TEST GIVEN: _____
Date Result

RN/MD signature

1. **A TUBERCULIN SKIN TEXT** is required every 12 month. (If you have a positive reaction to the skin rest you will be required to have a follow-up chest x-ray. No further radiographs will be required.)

Tests may be taken at your local Health Clinic or given by your personal physician. The TB Test results must be read 48 to 72 hours after the test is administered. Be sure to have the date and result of the text indicated on the appropriate line above. Signature of nurse of physician is required.

2. **TETANUS SHOT** If you have had the original series of two shots, you will need a booster if you have not had one in the past 10 years. Please check your medical records of consult with your physician. Though you do not have to have a medical person's signature, you will need to sign this form giving the date of your last tetanus shot.

The Tetanus shot is for your protection.

DATE OF LAST TETANUS SHOT: _____

3. MEDICAL INSURANCE

You must maintain a comprehensive, personal medical, health, hospitalization insurance without interruption during the entire period of volunteering/employment for the Zoological Society of Washington / Cougar Mountain Zoo.

Name of current Comprehensive
Health insurance company: _____

Policy Number: _____ Expiration Date: _____

Paid for/Provided by: _____

Signature (volunteer or staff member) _____

This form must be completed Annually or as needed.

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633



REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

(A) REQUESTING AGENCY/ADDRESS <u>Zoological Society of Washington/Cougar Mountain Zoo</u> Agency <u>Marcie McCaffray</u> Attn <u>19525 SE 54th Street</u> Address <u>Issaquah/WA/98027</u> City/State/Zip <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">I certify this request is made pursuant to and for the purpose indicated. <div style="display: flex; justify-content: space-between;"><div>_____ Authorized Signature</div><div>_____ Date</div></div> <div style="display: flex; justify-content: space-between;"><div><u>Zoo Administrator</u> Title</div><div><u>(425) 392-6278</u> Area Code/Phone Number</div></div></div>	(B) PURPOSE Check appropriate box <input type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee <input checked="" type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's) <input type="checkbox"/> Profit Business/Organization - \$17 <input type="checkbox"/> Adoptive Parent - \$17 <input checked="" type="checkbox"/> Receive background results electronically Email address <u>admin@cougarmountainzoo.org</u> Password <u>CougarMZoo</u> (must be at least 8 characters) Fees: Make payable to Washington State Patrol by check, money order, or business account. Notary letters certifying the results are available upon request. There is an additional \$10.00 processing fee per notary seal. _____ Notarized Letter(s)
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(C) APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)
Applicant's Name: _____ Last First Middle
Alias/Maiden Name(s): _____
Date of Birth: _____ Sex: _____ Race: _____ Month/Day/Year
Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

(D) WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION
As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.
<u>Zoological Society of Washington / Cougar Mountain Zoo</u> Requesting Agency
_____ Applicant's Signature
_____ Applicant's Name
_____ Address
_____ City/State/Zip