Zoological Society of Washington / Cougar Mountain Zoo
19525 SE 54th Street ♦ Issaquah, Washington ♦ 98027 ♦ A non-profit, tax exempt 501(c)3 institution

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:

<table>
<thead>
<tr>
<th>SPECIES</th>
<th>SPECIMENS</th>
</tr>
</thead>
</table>

(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)

<table>
<thead>
<tr>
<th>SPECIES</th>
<th>SPECIMENS</th>
</tr>
</thead>
</table>

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

Signature

Birth Date

Date
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TB / TETANUS / MEDICAL INSURANCE VERIFICATION

NAME (Volunteer or Staff Member): ____________________________

TUBERCULIN SKIN TEST GIVEN:

<table>
<thead>
<tr>
<th>Date</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

RN/MD signature

1. **A TUBERCULIN SKIN TEST** is required every 12 month. (If you have a positive reaction to the skin test 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 test 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.
REQUEST FOR CRIMINAL HISTORY INFORMATION
CHILD/ADULT ABUSE INFORMATION ACT
RCW 43.43.830 THROUGH 43.43.845

A. REQUESTING AGENCY/ADDRESS
Zoological Society of Washington/Cougar Mountain Zoo
Agency
Marcie McCaffray
Atn
19525 SE 54th Street
Address
Issaquah/WA/98027
City/State/Zip
I certify this request is made pursuant to and for the purpose indicated.

Authorized Signature ___________________________ Date __________

Zoo Administrator ___________________________
Title ___________________________
Area Code/Phone Number ( 425 ) 392-6278

B. PURPOSE
Check appropriate box

☐ Educational School District (ESD)/School District Volunteer – no fee

☐ Non-Profit Business/Organization – no fee (Excluding Schools & ESD’s)

☐ Profit Business/Organization - $17

☐ Adoptive Parent - $17

☐ Receive background results electronically

Email address ____________________________
Password ____________________________ (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)

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.

Zoological Society of Washington / Cougar Mountain Zoo
Requesting Agency

Applicant's Signature ___________________________

Applicant's Name ___________________________

Address ___________________________

City/State/Zip ___________________________