



PO Box 50220 · IDAHO FALLS, IDAHO 83405  
(208) 612-8552 · FAX (208) 612-8779  
zooeducation@idahofallszoo.org

January 28, 2016

Dear Prospective Junior Zoo Crew Member,

Thank you for your interest in the Idaho Falls Zoo Junior Zoo Crew program. This year promises to bring another exciting and educational season for everyone involved with the zoo. The program includes working with animals in our Children's Zoo, as well as working with people of all ages that visit the zoo from around the world.

Please find enclosed the application and all forms necessary to begin your petition to become a member of the Junior Zoo Crew. In order to be considered for the program, applicants must be at least 14 and no older than 17 years by May 1, 2016, must submit **ALL** parts of the application and **TWO** recommendation forms by **4:00 p.m. on Friday, April 1**. You must attend an interview to be considered for a position. Incomplete applications will not be considered. Notification letters will be mailed out by April 18. **NOTE:** If you are selected as a member of the 2016 Junior Zoo Crew program you must participate in the **MANDATORY** training sessions, no exceptions. The training sessions will be held:

The **MANDATORY** training session is scheduled for **Saturday, May 7 from 8:30 a.m.-2:30 p.m.** A parent or guardian **MUST attend with you from 8:30am-11am!** Sign-in will begin at 8am.

Also, you **must** participate in a three-hour **animal handling training session on Saturday, May 14 from 8:30am-11:30am or May 15 from 1-4pm or May 21 from 8:30am-11:30am.** You will need to sign up for one of these dates on this application. JZC **must** attend both the class and the training session.

The Junior Zoo Crew work season will begin on May 21 and run through August 28, 2016 and September 3-5, 2016.

This is considered an education program as much as it is a volunteer program. In order to defray expenses associated with this program, there is a necessary participation cost of \$85.00 for Tautphaus Park Zoo Society members and \$105.00 for non-members. The fee goes toward providing training materials, a uniform shirt, nametag, and a party at the end of the season. Fees will be collected during the training upon acceptance. Please note: there is limited space available each year.

Again, thank you for your interest in Idaho Falls Zoo's education programs and we look forward to meeting you personally. If you have any questions, please contact the education department at 612-8453 or [zooeducation@idahofallszoo.org](mailto:zooeducation@idahofallszoo.org)

Sincerely,

Sunny Katseanes  
Curator of Education

# JUNIOR ZOOCREW APPLICATION

(In order to be considered for the program, all parts of this application must be submitted to the zoo office before 4 pm on April 1, 2016. Incomplete applications will not be considered.)

**(PLEASE PRINT CLEARLY)**

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

EMAIL ADDRESS (This is how we will contact you. Check your email DAILY if accepted)

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE ON MAY 1, 2016 \_\_\_\_\_ SCHOOL DISTRICT \_\_\_\_\_

GRADE NEXT FALL '16 \_\_\_\_\_ SCHOOL ATTENDING \_\_\_\_\_

LAST DAY OF SCHOOL (SPRING '16) \_\_\_\_\_ FIRST DAY OF SCHOOL (FALL '16) \_\_\_\_\_

PARENT/GUARDIAN(S) NAME \_\_\_\_\_

PARENT/GUARDIAN(S) ADDRESS \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_

**PLEASE INDICATE YOUR AVAILABILITY BELOW:**

Please note that Junior Zoo crew works on weekends (including Sundays) and holidays! You will be scheduled for 2-3 shifts per week, approximately 10 hours. We do try to ensure that nobody has to work every weekend unless requested. We cannot guarantee that you will never be scheduled for a particular day, BUT we will do our best to accommodate your schedule.

Days I **AM** Available (check all days you are able to work):

Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Shifts I **AM** Available (Check all shifts that you are able to work):

8am-11:30am  9am-12:30pm  11:30am-3pm  12:30pm-4pm  3pm-6pm  6pm-8pm (Fridays Only)

*Dates/times You **Cannot** Work:* Please list when you will be **unavailable** this summer. Include vacations, sports practice, summer camps, job schedules, driver's education courses, etc. We are able to work around your schedule, within reason.

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**EMERGENCY CONTACT**

Who should we contact if your parent/guardian you listed on the previous page is unavailable?

Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Relationship to you \_\_\_\_\_

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**GENERAL INFORMATION**

Why are you interested in becoming a Junior Zoo Crew at the Idaho Falls Park Zoo?

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What do you hope to gain from volunteering in the Children's Zoo?

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List any special talents, hobbies, or interests you have:

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How will you be getting to the Zoo on your workday?

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How did you learn about the Junior Zoo Crew program?

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**MEDICAL INFORMATION**

For the safety of our volunteers and our animals, it is necessary for us to have the following information about you. A parent or guardian must complete this section of the application. Also attach the medical reference form to be completed by a physician,

**Please** list any physical or medical limitations of child:

\_\_\_\_\_  
\_\_\_\_\_

Is your child immune-compromised (i.e., chemotherapy, immune system disease, etc.)? Yes No

Does he/she have any allergies? (Please specify) \_\_\_\_\_

\_\_\_\_\_

Does he/she have any chronic viral infections, such as cold sores or hepatitis? Yes No

Does he/she have any chronic respiratory problems? If yes, please explain: Yes No

\_\_\_\_\_

Does he/she or members of his/her immediate family have a history of chronic medical problems? Yes No  
If yes, will this affect their ability to work? Yes No

\_\_\_\_\_  
*Date* *Parent or Guardian Signature*

***I agree to abide by all volunteer department policies. I pledge to be a positive representative of the Zoo.***

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

***I agree that, if chosen, I will allow my child to participate in the Junior Zoocrew program. I understand that s/he will commit to attend for the entire summer and will be permitted only two unexcused absences from the program.***

\_\_\_\_\_  
*Date* *Signature of Applicant's Parent or Guardian*

**Please read and initial ALL of the following statements:**

- You are required to attend the Junior Zoocrew training on **May 7 from 8:30am-2:30pm** AND an animal handling training session. You must arrive on time! Any member who misses training will not be allowed to participate in the program for that year. No makeup dates can be scheduled. The schedule for animal handling training will be emailed to you prior to training day, and will be handed out at the training.

**Mark times in order of preference. There are a limited number of spaces for each session:**

\_\_\_ Saturday, May 14 from 8:30am-11:30am

\_\_\_ Sunday, May 15 from 1pm-4pm

\_\_\_ Saturday, May 21 from 8:30am-11:30am

Applicant \_\_\_\_\_ (*Initial here*) Parent/Guardian \_\_\_\_\_ (*Initial here*)

- I understand that certain volunteer activities require special training. I shall not undertake such activities without the required training. I also understand that my volunteer activities will not qualify me as an animal keeper and will not lead to a paid position.

Applicant \_\_\_\_\_ (*Initial here*)                      Parent/Guardian \_\_\_\_\_ (*Initial here*)

- I shall read and abide by all of the Bylaws, Rules and Guiding Policies of the Idaho Falls Zoo concerning volunteers.

Applicant \_\_\_\_\_ (*Initial here*)                      Parent/Guardian \_\_\_\_\_ (*Initial here*)

- I understand that information obtained through my work as a volunteer may be considered privileged or proprietary information of the Idaho Falls Zoo. I agree to keep all such information confidential except to the extent disclosure of such information is expressly authorized and directed by an official of the Zoo. In particular, I agree to make no statements or release any information about the Zoo to any news media except as expressly authorized by the Zoo.

Applicant \_\_\_\_\_ (*Initial here*)                      Parent/Guardian \_\_\_\_\_ (*Initial here*)

- I understand that handling Zoo animals is potentially dangerous because they are wild animals whose actions are unpredictable regardless of past behavior. If I should elect to be trained to handle animals, I assume all risks of handling animals including, but not limited to, being bitten, clawed or otherwise injured.

Applicant \_\_\_\_\_ (*Initial here*)                      Parent/Guardian \_\_\_\_\_ (*Initial here*)

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### **Continuing Education Requirements**

All JZC will be required to attend a monthly continuing education class during the 2016 season and complete and present a poster project. This year’s continuing education topic will be conservation. Dates of continuing education sessions and poster presentations will be handed out at the training day. Please ensure that you can attend one continuing education day per month and one poster presentation day in August.

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**Please indicated your T-shirt size:** (*Adult, unisex*)      S      M      L      XL      XXL

**Name you would prefer on your nametag:** \_\_\_\_\_

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**Turning in applications: All parts of the completed application are due no later than 4pm April 1, 2016!**

1. Mail to: Idaho Falls Zoo  
Attn: Curator of Education  
PO Box 50220  
Idaho Falls, ID 83405
2. Return it to the zoo administration office: Office hours are 8am- 5pm Monday through Friday.  
You may place your application in the drop box next to the office door if the zoo office is not open.
3. Email to: zooeducation@idahofallszoo.org

**Please check each box to make sure you have enclosed all required documents**

- Completed application (pages 2-6)
- TWO** letters of recommendation (pages 7-10)
- Completed physician form (page 11)
- Signed release of liability form (page 12)
- Completed background check form (page 13)

## JUNIOR ZOO CREW RECOMMENDATION

(In order to be considered for the program, the person giving recommendation must submit the recommendation forms to the zoo via mail or fax on or before the deadline of 4:00 p.m. April 1. **Two separate forms** must be filled out by **two** adults (18 or over) **NOT** related to the applicant. We recommend a teacher, coach, school counselor, employer, etc.)

RECOMMENDATION FOR (Please Print Name):

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To Whom It May Concern,

The above named has applied for a Junior Zoo Crew position at Idaho Falls Zoo this year. This is a volunteer position and will require a minimum commitment of 10 hours per week throughout the summer. The work will include feeding and cleaning in animal areas and interacting with the public. Please be as specific and straightforward as possible.

**Recommender:** Please answer these questions and return this application by fax to the zoo (208.612.8779) or email to [zooeducation@idahofallszoo.org](mailto:zooeducation@idahofallszoo.org) or place in a sealed envelope and mail to the address listed below by April 1.

*Please note: if we do not receive this form by April 1, the participant will not be considered for the program.*

**Idaho Falls Zoo  
Education Department  
P.O. Box 50220  
Idaho Falls, ID 83405**

*Questions? Call the Education Department at 612-8453.*

1. How long have you known the applicant and in what capacity?
  
  
  
  
  
  
  
  
  
  
2. Would you consider him/her to be:
  - A) a dependable young person? Why?
  
  
  
  
  
  
  
  - B) on time? Please give an example.
  
  
  
  
  
  
  
  - C) attentive? Please give an example.
  
  
  
  
  
  
  
  - D) courteous to others? Please give an example.
  
  
  
  
  
  
  
  - E) dressed neatly most of the time?
  
  
  
  
  
  
  
  
  
  
3. Please describe his/her willingness to learn and follow directions?
  
  
  
  
  
  
  
  
  
  
4. Is he/she self-motivated, energetic? Please give an example.

5. What do you feel is his/her best trait and why?

6. Does he/she get along well with:

A) peers? How?

B) supervisors? How?

7. I would recommend this teen for the Junior Zoo Crew program with:

- Confidence
- Some confidence
- Reservations
- I do not recommend

Please explain:

8. Please evaluate the applicant.

1 = Outstanding, 2 = Excellent, 3 = Good, 4 = Average, 5 = Fair, 6 = Below Average, U= Unknown

Oral Communication Skills	1	2	3	4	5	6	U
Common Sense	1	2	3	4	5	6	U
Sense of Responsibility	1	2	3	4	5	6	U
Ability to Work Independently	1	2	3	4	5	6	U
Reaction to Criticism	1	2	3	4	5	6	U
Regard for Authority	1	2	3	4	5	6	U
Flexibility	1	2	3	4	5	6	U
Respect of Rules	1	2	3	4	5	6	U
Cooperation	1	2	3	4	5	6	U
Problem Solving Skills	1	2	3	4	5	6	U

9. Is there anything special you want us to know about this young person? (Please use the space below for any additional comments.)

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Relationship*



5. What do you feel is his/her best trait and why?

6. Does he/she get along well with:

A) peers? How?

B) supervisors? How?

7. I would recommend this teen for the Junior Zoo Crew program with:

- Confidence
- Some confidence
- Reservations
- I do not recommend

Please explain:

8. Please evaluate the applicant.

1 = Outstanding, 2 = Excellent, 3 = Good, 4 = Average, 5 = Fair, 6 = Below Average, U= Unknown

Oral Communication Skills	1	2	3	4	5	6	U
Common Sense	1	2	3	4	5	6	U
Sense of Responsibility	1	2	3	4	5	6	U
Ability to Work Independently	1	2	3	4	5	6	U
Reaction to Criticism	1	2	3	4	5	6	U
Regard for Authority	1	2	3	4	5	6	U
Flexibility	1	2	3	4	5	6	U
Respect of Rules	1	2	3	4	5	6	U
Cooperation	1	2	3	4	5	6	U
Problem Solving Skills	1	2	3	4	5	6	U

9. Is there anything special you want us to know about this young person? (Please use the space below for any additional comments.)

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Relationship*

**JUNIOR ZOO CREW MEDICAL REFERENCE**

**To be completed by a physician:** Must submit this medical reference form to the zoo by 4:00 p.m. April 1. You **must** have a copy of a negative TB test within 24 months on file at the zoo. TB tests may be done by your physician or at District 7 Health Department. Proof of a tetanus booster in the last 5 years is also required.

Dear Physician,

You have been given as a medical reference by \_\_\_\_\_, who has applied for volunteer service with Idaho Falls Zoo, subject to medical clearance. The signature below indicates the applicant’s willingness to have you release confidential information.

We must receive your response before we can continue their training process; therefore, your prompt reply will be greatly appreciated. The deadline is April 1.

Thank You,

\_\_\_\_\_  
*Parent or Guardian Signature*

*Questions? Contact Sunny Katseanes  
Idaho Falls Zoo Curator of Education (zooeducation@idahofallszoo.org)  
(phone) (208) 612-8418  
(fax) (208) 612-8779*

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I would rate this applicant’s health:

Excellent                      Good                      Fair                      Poor

Tell us about any restrictions that you deem necessary, because of physical or mental limitations.

\_\_\_\_\_  
\_\_\_\_\_

Because of the possibility of placement in an area where contact with exotic animals is likely, there may be some risk of exposure to potential pathogens and zoonotic disease agents such as cryptosporidiosis, salmonella and nematode parasites. In your opinion:

Would such exposure constitute a significant risk to this person’s health?                      Yes      No

Would you approve him/her for direct contact with a variety of birds, mammals, and reptiles, their feed or housing enclosures (please take allergies into account)?                      Yes      No

Some of the Zoo’s animals are very susceptible to certain human diseases. Would this person constitute a threat to the animal’s health if this person were preparing animal food or in direct contact with the animal?                      Yes      No

Due to contact with animals and their surrounds a Tetanus shot is required within the last 5 years. Date of last booster shot: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Physician’s Signature*

**CITY OF IDAHO FALLS, IDAHO**  
**VOLUNTEER RELEASE OF LIABILITY**

**YOUTH VOLUNTEER** (UNDER 18)

Signature of Parent or Legal Guardian required if participant is under 18 years of age

By my signature below, I verify that I am a **parent or legal guardian** of the participant and I hereby consent to his/her participation in the City of Idaho Falls, Idaho volunteer program. I also agree to indemnify, hold harmless and release the City of Idaho Falls, Idaho, its officials, and employees from any liability for property damage and/or personal injury to me or my child/ward resulting from his/her participation in the above-named program. I acknowledge that any photograph or videotape taken of my child/ward participating in this activity may be used for outreach, education or documentation purpose, without compensation, by the City of Idaho Falls.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_ Parent Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**\*\*Complete City of Idaho Falls Background Check Form found on next page\*\***

# DISCLAIMER AND RELEASE AGREEMENT

This release and authorization acknowledges that we may now, or at any time while you are employed, renting, or volunteering, conduct a verification of your motor vehicle records, and receive any criminal history record information pertaining to you that may be in the files of any federal, state, county, or local criminal justice agency and or other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment under employment policies. I hereby certify that the information provided by me for this purpose is true and complete to the best of my knowledge and understand that if I am accepted, **any false statements or omissions will be considered as cause for dismissal/removal.** I do hereby agree to forever release and discharges, employee and any of it's agents to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses or any other complaint filed with an agency arising from the retrieving and reporting information.

## PLEASE COMPLETE THE BELOW - PLEASE PRINT NEATLY -

DEPARTMENT: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ FULL MIDDLE NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

MAIDEN NAME / FORMER MARRIED NAME(S) / ALIAS NAME(S): \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Only for driving positions) (Please Write Clearly & Neatly) (Please Write Clearly & Neatly)

List your addresses for the last 7 (seven) years. Include the dates from/to for each address. Please PRINT clearly.

CURRENT ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO
FORMER ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO
FORMER ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO
FORMER ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO
FORMER ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO

FELONY OR MISDEMEANORS:  YES  NO PLEASE EXPLAIN: 1. \_\_\_\_\_

All arrests, charges, convictions and non-convictions need to be listed here. List location (county) of charge and date of charge. Please do not leave anything out and *print* clearly. It is important you understand this section completely.

2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_  
 \_\_\_\_\_

Today's Date: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

**If Applicant is under 18, signature of parent or legal guardian**

Signature of parent or legal guardian: \_\_\_\_\_