



Keeper Professional Development Application

*Completed application must be sent to
Keeper Professional Development Chairperson
Joe Hauser jhauser@buffalozoo.org

Name: _____ Institution: _____

Title: _____ Position: _____

Total year(s) as professional zookeeper: _____

Total year(s) experience in rhino management: _____

E-mail Address: _____ Telephone Number (____) _____

International Rhino Keeper Association Classification (circle one)

Professional

Supporting Professional

Hosting Institution choice (check one):

___ Busch Gardens Tampa (white, black)

___ Cincinnati Zoo and Botanical Gardens (black, greater one horned, Sumatran)

___ Columbus Zoo & Aquarium (black)

___ Denver Zoo (black, greater one horned)

___ San Diego Zoo and/or Safari Park (northern white, southern white, black, greater one horned)

___ The Wilds (white, greater one horned)

Preferred dates for program (maximum two weeks)

Choice 1: _____

Choice 2: _____

Hosting Institution: _____

Contact person (please print): _____

E-mail address: _____

Telephone number: (____) _____

I, _____, would like to work alongside the rhinoceros staff at
_____ (Hosting Institution name here). My institution,
_____ (keeper institution name here), will cover my Workmen's
Compensation Plan through _____ (list provider's name here).

A \$10 fee will be required upon your approval into the program

*Please note that candidate must be approved by the International Rhino Keeper Association Keeper Professional Development Committee, hosting institution and

applicant's institution. Final decision regarding applicant's acceptance into the program is based on criteria/evaluation by hosting institution and candidate can be rejected even though IRKA and their institution have approved. Program guidelines are available on-line at www.rhinokeeperassociation.org.

**Institutional support for participation in
Keeper Professional Development Program**

I endorse _____ (insert employee name) attendance and participation in the Keeper Professional Development Program, through the International Rhino Keeper Association, and understand that they will be covered by _____ (institution name here) workman's compensation plan and the employee has personal medical coverage through _____ (insert health care coverage company here). _____ (institution name here) will be responsible for negotiating employee's wages/leave request with employee prior to time frame allocated for this professional development program.

(Please provide any necessary release forms)

Supervisor name (print) _____ Title _____

Supervisor signature: _____

Employees Signature: _____

Date: _____

**Program guidelines are available through our website, www.rhinokeeperassociation.org*

****Please note that there is a limited reimbursement funding program available for expenses incurred during this program. If interested, you will need to complete a funding application available through our website.***

EMERGENCY INFORMATION

Health care provider*: _____

Policy/group number: _____

**Please attach photocopy of health care card to application*

In case of emergency, Please notify: _____

Relationship: _____

Telephone number: _____

Please list any medicine or food allergies:
