



Keeper Professional Development Application

\*Completed application must be sent to  
Keeper Professional Development Chairperson

Joe Hauser [joe.hauser@txrhino.org](mailto:joe.hauser@txrhino.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

Retired

Hosting Institution choice (check one):

\_\_\_ Busch Gardens Tampa (white, black)

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

\_\_\_ 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)

\_\_\_ Fossil Rim (white, black)

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 online at [www.rhinokeeperassociation.org](http://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](http://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.*

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**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:

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