**Applicant Information**

|  |  |
| --- | --- |
| Applicant name: |  |
| Institution: |  |
| Position title: |  |
| Total year(s) as professional zookeeper: |  |
| Total year(s) in elephant management: |  |
| Email address: |  |
| Phone number: |  |

EMA membership level (choose one): [ ]  Professional [ ]  Affiliate

Desired host institution (choose one):

|  |  |
| --- | --- |
| [ ]  Columbus Zoo and Aquarium (Asian) | [ ]  White Oak Conservation (Asian)  |
| [ ]  Houston Zoo (Asian)  | [ ]  Fresno Chaffee Zoo (African)  |
| [ ]  ABQ BioPark (Asian) |  |

|  |  |  |
| --- | --- | --- |
| Preferred dates for program (3 to 5 days) | Choice 1: |  |
|  | Choice 2: |  |

*I,* **Applicant Name***, would like to work alongside the elephant staff at* **Hosting Institution***. My institution,* **Home Institution***, will cover my workman’s compensation plan through* **List Provider's Name Here***.*

*Please note that the candidate must be approved by the Elephant Managers Association Professional Development Committee, hosting institution, and applicant’s home institution. Final decision regarding applicant’s acceptance into the program is based on criteria/evaluation by hosting institution and candidate may be rejected even though EMA and their home institution have approved. Program guidelines are available online at www.elephantmanagers.org.*

**Institutional Support**

|  |
| --- |
| *I endorse* **Applicant Name***’s attendance and participation in the Keeper Professional Development Program through the Elephant Managers Association, and I understand that they will be covered by the workman’s compensation plan at* **Home Institution***. The employee has personal medical coverage through* **Healthcare Coverage Company/Plan***.* **Home Institution** *will be responsible for negotiating employee’s wages/leave request with the employee prior to the allocated time for this professional development program.* |
| Supervisor’s name: |  |
| Supervisor’s position title: |  |
| Supervisor’s signature: |  |
| Applicant’s signature: |  |
| Date: |  |

*Program guidelines are available through EMA’s website, www.elephantmanagers.org. Please note that there are limited scholarship funds available for expenses incurred during this program (up to $500 per applicant). If interested, you will need to complete a separate scholarship application form, available through our website.*

**Emergency Information**

|  |  |
| --- | --- |
| Health care provider: |  |
| Policy/group number: |  |

*Please attach copy of healthcare card to application.*

|  |  |
| --- | --- |
| In case of emergency, please notify: |  |
|  Relationship: |  |
|  Phone number: |  |
| Please list any medicine or food allergies: |  |

*Completed applications should be sent to Adam Felts at adam.felts@columbuszoo.org*