

**Rosamond Gifford Zoo  
Job Shadow Application**

Return completed form to:  
John Moakler, Collection Manager  
Rosamond Gifford Zoo  
1 Conservation Pl.  
Syracuse, NY 13204

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Current Phone: (     ) \_\_\_\_\_

Year in School: \_\_\_\_\_

.....  
In order to ensure the proper placement of all job shadows and to comply with established safety guidelines, please provide the following information:

Do you have a disability or medical condition (allergies, back/knee problems, asthma, other) or routinely take medication which might affect your performance or create a hazard to yourself or others in connection with your job shadow? \_\_\_ No \_\_\_ Yes If yes, please explain.

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

Might your condition require emergency medical treatment? \_\_\_\_\_

PLEASE NOTE: This information will not disqualify you from participation in the job shadow program. Any information given will serve to inform your supervisor of any restrictions on the type of duties you may perform, or for first aid reasons should you require emergency treatment. Failure to provide this information may result in the termination of the job shadow.

.....  
I am applying for the following days: \_\_\_\_\_ for \_\_\_\_\_ hours during the weeks of \_\_\_\_\_.

Indicate preliminary interest in one or more Zoo department(s) listed below:

- |                        |                     |
|------------------------|---------------------|
| _____ Domestic Animals | _____ Small Mammals |
| _____ Wildlife Trails  | _____ Elephants     |
| _____ Birds            | _____ Aquariums     |
| _____ Reptiles         | _____ Penguins      |

**REMINDER: WRITTEN RESULTS OF A NEGATIVE INTRADERMAL TUBERCULOSIS TEST ARE REQUIRED PRIOR TO THE JOB SHADOW EXPERIENCE**

----- **OFFICE USE ONLY** -----

Application Rec'd: \_\_\_\_\_ Complete: \_\_\_\_\_ Reviewed: \_\_\_\_\_

Approved for Circulation: \_\_\_\_\_