



**NASHVILLE ZOO AT GRASSMERE  
DOCENT APPLICATION**

**APPLICATION PROCEDURES**

1. Application form and training fee is required to reserve your place in the Docent Training Course.
2. The non-refundable training fee of \$55 includes Docent Uniform, Docent Training Manual and other materials.
3. If application is accepted, you will be contacted by the Manager of Onsite Interpretation to schedule an informal interview either over the phone or in person. Interview must be conducted prior to admittance to the Docent Training Course.

**Please mail/ fax completed form to:**

Nashville Zoo at Grassmere\*\*Docent Training\*\*3777 Nolensville Rd.\*\*Nashville, TN 37211  
Fax: 615-333-0728

**Direct Inquiries to:**

Christopher Kline, Manager of Onsite Interpretation: 615-833-1534 ext. 146  
Email: [ckline@nashvillezoo.org](mailto:ckline@nashvillezoo.org)

**General Information:**

*(Please Print)*

Today's date \_\_\_\_\_

Mr. \_\_\_\_\_ Ms. \_\_\_\_\_ Mrs. \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact/Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_



**Professional Information:**

Occupation/Title \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

May we leave a message at work? \_\_\_\_\_

Would you prefer to be contacted at work or home? \_\_\_\_\_

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**Skills and Interests:**

Hobbies/Skills/Interests

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

Do you have any prior volunteer experience? \_\_\_\_\_ If so, please describe.

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

Are you a member of Nashville Zoo? \_\_\_\_\_

Do you read, speak or interpret a language other than English? \_\_\_\_\_

If yes, please specify. \_\_\_\_\_

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**Other Information:**

How did you hear about this program?

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

Please explain briefly why you are interested in the Nashville Docent Program.

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What do you see as the primary function(s) of zoological facilities? Why do they exist?

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**Training Fee:**

Docents are assessed a one time non-refundable \$55 training fee. Payment will be collected **upon acceptance** into the Docent program. *Please do not send payment with application.* Docents will also be responsible for paying for a TB test at a doctor or facility of their choice.

**\*\* Checks should be made payable to Nashville Zoo at Grassmere.**

**For credit card payment:**    \_\_\_ VISA        \_\_\_ Master Card        \_\_\_ Discover

Account No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card (please print) \_\_\_\_\_ Signature \_\_\_\_\_



## **TB Test Requirements for Docents in Animal Care Departments**

For the welfare of the employees and animals, the Nashville Zoo requires all Volunteers working in Animal Care departments to get a yearly TB test, and have it read negative, in order to work at the zoo. In some areas, additional tests/inoculations may be required at the applicant's expense.

If you choose to participate in the animal handling portion of the docent program (open after one year of regular docent service) you must get a TB test. When you get your test read, please ask your doctor for a letter stating clearly your name, the date of the test, the results, and your doctors' contact information. It is preferable to have the letter on his/her letterhead so that the contact information is clear.

I have read and understand this requirement:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Background Check Authorization**

**Authorization.** I authorize the Nashville Zoo at Grassmere to obtain criminal history, about me from my previous employers, schools and governmental authorities. I authorize my previous employers, schools that I have attended, and governmental authorities to disclose to the Nashville Zoo at Grassmere such information about me as the Nashville Zoo at Grassmere may request.

Name (please print) First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Previous address if less than 1 year:

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

Signature \_\_\_\_\_