

APPLICATION FOR VOLUNTEER SERVICE AS AN ACCREDITATION INSPECTOR

I am: a current accreditation inspector participating in training. an individual interested in becoming an accreditation inspector.			
☐ Check here if you would like to receive by e-mail an electronic copy of the Inspector's Handbook.			
Name:			
Institution:			
Title:			
Direct phone line: Cell Phone #:			
Email:			
Years in profession: AZA Membership level (PA, PF):			
Veterinarians only: Are you an AAZV member? \square Yes \square No			
Briefly list your zoological/aquatic career history to present:			
Do you have any of the following skills or expertise? Aquatics			
If you have participated on an inspection team before, list most recent year & institution visited:			
How often are you willing to participate, if needed: Once a year Every 18 months Every other year Fall/Winter only Spring/Summer only			
Which role(s) on the team are you qualified to fill (check as many as apply):			
\square Operations \square Curatorial/Husbandry/Animal Mgt. \square Veterinary			
Are you willing to serve as team chair if needed? \square Yes \square No (answering "no" will <i>not</i> disqualify you)			
If you have any foreign language skills, please list language and level of fluency:			

	ccreditation inspector is to first "shadow ense. Do you have the support to partici	
· · · · · · · · · · · · · · · · · · ·	ed to fill spots on inspection teams at the am" (meaning you are open to the idea of you are available)? Yes \square No \square	•
inspector (see the current editio www.aza.org/accred-materials)	neet all of the basic criteria for service as n of the <i>Accreditation Inspector's Handbo</i> and I have the support of my current emp ughly review the aforementioned <i>Handbo</i>	ook, available at oloyer and supervisor to serve
(Signature)	(Date)	
DIRECTOR/CEO'S SIGNATURE		
	's participation as an AZ nowledge, he/she meets all of the basic the appropriate skillset to fulfill this role.	ZA accreditation inspector and criteria for service as an AZA
(Signature)	(Date)	
(Printed Name	and Title)	

COMPLETE AND SIGN THE ABOVE FORM, AND RETURN IT TO: ACCREDITATION PROGRAMS, AZA, 8403 COLESVILLE ROAD, SUITE 710, SILVER SPRING, MARYLAND 20910. YOU MAY ALSO FAX THE FORM TO 301-562-0888, OR EMAIL TO AZAACCREDITATION@AZA.ORG.

Description of Primary Roles: For two-person teams individuals who are qualified to cover two of the primary roles will be selected (for example, Operations *and* Veterinary, or Curatorial/Animal Management *and* Operations, etc.). The three primary roles, and the areas they cover are as follows:

<u>Operations</u>: (Director, Deputy or Assistant Director) Zoo or aquarium operations, governing authority, staff, facilities, finance, guest experience, safety/security, conservation, education, research, and support organization.

<u>Curatorial/Animal Management</u>: (Curator, Director of Animal Operations, or similar) The animals, husbandry, facilities, safety/security, staff, conservation, education, research. <u>Veterinary Medicine</u>: (Veterinarian) Veterinary care, the animals, nutrition, staff, facilities, safety/security, research.

(Exceptions may be made by the Accreditation Commission Chair, or the Vice President of Accreditation Programs)

NOTE: Please be sure to return both sides of this form.