

**Cheyenne Mountain Zoo Auxiliary  
DOCENT APPLICATION**

Please fill out and mail back to the address provided below.

Name: (Mr./Mrs./Ms) Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

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

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

Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_ Are you 21 years old or over? \_\_\_\_\_

Current occupation \_\_\_\_\_

You are available to volunteer: weekends \_\_\_\_\_ and/or weekdays \_\_\_\_\_

Educational Background \_\_\_\_\_

Professional Background \_\_\_\_\_

Special Skills (Foreign language, signing for deaf, art, other)

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

Hobbies/Interests

\_\_\_\_\_

Previous volunteer position(s) held

\_\_\_\_\_

With what organizations(s)?

\_\_\_\_\_

What were your responsibilities?

\_\_\_\_\_

What did you enjoy most about your volunteer experience?

\_\_\_\_\_

\_\_\_\_\_

What did you least enjoy about the experience?

\_\_\_\_\_

\_\_\_\_\_

How did you hear about the Cheyenne Mountain Zoo docent program?

\_\_\_\_\_

Are you currently a member of the Cheyenne Mountain Zoo? \_\_\_\_\_

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In case of emergency during training, who should be contacted? (Optional)

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Please list two references:

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

If accepted into the Cheyenne Mountain Zoo docent program, I agree to adhere to the bylaws and rules and regulations of the Cheyenne Mountain Zoo Auxiliary. I further agree, whenever possible and as needed, to serve on its committees, to promote its goodwill within the community, and to check, revise and expand my teaching information as is appropriate to promote the interest of the Zoo and wildlife.

I understand that the Cheyenne Mountain Zoological Society has the right to terminate my position based on a background investigation or any actions I take that might adversely affect the mission or operations of the Zoo.

\_\_\_\_\_  
(signature of applicant) Signed Date \_\_\_\_\_

Thank you for providing this information and for your interest in the Cheyenne Mountain Zoo auxiliary docent program.

**Return to:**

Marcia Morris  
5525 Canvasback Court  
Colorado Springs, CO. 80918  
719-351-1400  
[mkmorris10@msn.com](mailto:mkmorris10@msn.com)

**OR**

Carol Royse  
6730 Duke Drive  
Colorado Springs, CO 80918  
719-640-1503  
[royses@msn.com](mailto:royses@msn.com)

Office use only:

App. Mailed \_\_\_\_\_ App. Received \_\_\_\_\_ Mailing Date \_\_\_\_\_  
Applicant accepted: \_\_\_\_\_ Mentor Assigned: \_\_\_\_\_

(rev. 06-18 jk)