



Chicago Zoological Society

**AMERICANS WITH DISABILITIES ACT (ADA)
ACCOMMODATION AND AUXILIARY AID REQUEST FORM**

The Chicago Zoological Society, which operates the Brookfield Zoo, strives to ensure that all guests, participants in various programs, events and classes, or job applicants, including those with disabilities, have a safe and enjoyable experience at Brookfield Zoo. If you have a disability and would like to request an accommodation or auxiliary aid, please complete and submit this Request Form as far in advance as possible, preferably at least 14 calendar days prior to the date you will be visiting the Zoo or begin participating in a program, class, or event. If insufficient notice is given, the Society is not able to guarantee that it will be able to provide the accommodation, as some accommodations require advance scheduling with outside providers, who may or may not be available.

Every effort will be given to provide the specific accommodation or auxiliary aid requested. If there is another effective, but more efficient or cost-effective way to provide an accommodation, an alternate may be provided instead. The completed form is to be returned to:

Attn: Villetta Wells
Chicago Zoological Society/Brookfield Zoo
3300 Golf Road
Brookfield, IL 60513
Email: alison.davis@czs.org
Telephone: 708-688-8674
Confidential facsimile: 708-688-8930

(Please print)

| | |
|--|---------------------------|
| I am a: <input type="checkbox"/> Zoo Guest <input type="checkbox"/> Program participant <input type="checkbox"/> Job applicant <input type="checkbox"/> Other _____ | |
| Last Name: | First Name: |
| Home Phone Number: | Cell Phone Number: |

| | |
|--|--|
| <p>Email Address:</p> | <p>How would you prefer to be contacted (please select one):</p> <p><input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email</p> <p><input type="checkbox"/> Other (specify): _____</p> |
| <p>If you are visiting Brookfield Zoo as a guest or program participant, what specific accommodation(s) or auxiliary aid(s) are you requesting? (Check those that apply.)</p> <p><input type="checkbox"/> Assistive Listening Device (ALD)</p> <p><input type="checkbox"/> Sign Language Interpreter</p> <p><input type="checkbox"/> Other _____</p> <p>For Wheelchair or Electric Conveyance Vehicle (ECV) rentals, please call 708-688-8347 to reserve one in advance of your visit. Same day reservations are not accepted.</p> | |
| <p>If you are applying for employment and require an accommodation in order to complete the application and/or interview process, or if you are unable to perform an essential job function due to a disability, please list the specific accommodation(s) being requested in the space below.</p> | |
| <p>If the accommodation requested above is not available, what other form(s) of accommodation would meet your needs? Please describe the specific accommodation(s) or auxiliary aid(s) requested in the space below.</p> | |

If you are visiting Brookfield Zoo as a guest or job applicant, what day and time will you require the accommodation(s) or auxiliary aid(s)?

Date: _____

From: _____ a.m. p.m.

To: _____ a.m. p.m.

If you are participating in a Society-sponsored program or event, what day does your participation begin and under what circumstances will the accommodation or auxiliary aid be needed?

Date: _____

Circumstances requiring accommodation or auxiliary aid:

Additional comments/explanations:

If you have any additional questions regarding visitor accessibility at Brookfield Zoo, please visit our website at <http://www.czs.org/Accessibility>.

You can also download and view “A Guide for our Guests with Disabilities.”