

Applications due by July 1

Fall

Intern Application

In which department are you interested in interning? Education Marketing Animal Keeper Hospital Intern

Personal information:

Name: _____ Date of Birth: __/__/__

Home phone: (____) _____ - _____ Cell phone: (____) _____ - _____

Address: _____

_____, _____
City State Zip Code

Email: _____

School Information:

School Name: _____ Course of Study: _____

Will this internship fulfill a requirement for a specific class? _____ If yes, what class? _____

What are you expected to accomplish during this internship? _____

What is expected from the zoo to fulfill your requirements? _____

If no, for what reason do you want to intern with the zoo? _____

Experience:

What experience do you have related to the department in which you want to intern? _____

Availability

What are your hours of availability?

| September | October | November | December |
|-----------|----------|----------|----------|
| Su _____ | Su _____ | Su _____ | Su _____ |
| M _____ | M _____ | M _____ | M _____ |
| Tu _____ | Tu _____ | Tu _____ | Tu _____ |
| W _____ | W _____ | W _____ | W _____ |
| Th _____ | Th _____ | Th _____ | Th _____ |
| F _____ | F _____ | F _____ | F _____ |
| Sa _____ | Sa _____ | Sa _____ | Sa _____ |

Your internship plan must accompany your application in order to be considered for internship.