

Intern Application

In which department are you interested in interning? Education 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?

January	February	March	April	May
Su _____	Su _____	Su _____	Su _____	Su _____
M _____	M _____	M _____	M _____	M _____
Tu _____	Tu _____	Tu _____	Tu _____	Tu _____
W _____	W _____	W _____	W _____	W _____
Th _____	Th _____	Th _____	Th _____	Th _____
F _____	F _____	F _____	F _____	F _____
Sa _____	Sa _____	Sa _____	Sa _____	Sa _____