**Seasonal Internship Application**

Date of Application:

Name: DOB:

Address:

City/Town: State: Zip Code:

Cell number: Email:

School:

Major:

Highest level of education completed:

**Internship you would like to apply for:**

□ Full time, residential—living on-site in a double-occupancy apartment with utilities included and working 35 hours or more per week.

□ Full time, commuting—working 35 hours or more per week

□ Part time, commuting—working 10 or more hours/week

**Availability, interns are needed April through September for baby season:**

I can begin during \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_\_\_\_. My ending date is approximately \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

month month/day/year

**Indicate one answer**: I have / do not have medical insurance.

I have been / have not been vaccinated to prevent rabies.

**If you have not been vaccinated for rabies, would you be willing to get the shots? Yes / No** (circle one)

\*Vaccines will only be provided by the center to those committing to 35+ hours a week. Having the vaccine expands the number of species you can care for and work with during the internship.

**What classes or relevant experience do you have?**

*Examples:* mammalogy, ornithology, responsible for your own indoor cats, volunteered at an animal rescue, grew up on a dairy farm, etc.

**What basic skills do you feel you have- include all strengths, not just knowledge-based?**

*Examples:*good written communications, thoroughly clean up after yourself and others, etc.

**What basic skills would you like to learn?**

**Can you lift at least 40 pounds? Yes / No**  (indicate one)

**The clinic is small. Can you work in tight quarters with other people? Yes / No** (indicate one)

**Submission directions are on the internship information sheet**. If you have questions, send them in an email to [poconowildlife@gmail.com](mailto:poconowildlife@gmail.com). Include “Intern” in the subject.