

Second Chance Wildlife Center's Summer Internship Application

NAME:		AGE:	DATE:
SCHOOL:			YEAR OF GRAD.:
MAJOR:			
HOME ADDRESS:			
CITY:	STATE:	ZIP:	PHONE:
EMAIL:			
I PREFER CORRESPONDENCE BY (PLEASE CIRCLE): MAIL EMAIL PHONE			
PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY.			
(1) Do you have any previous animal care experience? Please include employer, duties and length of stay.			
(2) Do you have any experience working with the public?			
(3) How do you feel this internship will benefit your major?			
(4) Do you have any health issues that would prevent you from working in close contact with birds and mammals?			
(5) Do you have any scheduling conflicts that would prevent you from working a five-day, forty-hour week?			
(6) How do you feel SCWC will benefit from adding you to its summer internship program?			
(7) Have you received any rabies vaccinations? If so, please include a copy of your vaccination record.			