



INTERNSHIP APPLICATION

Please submit this application with *a cover letter, resume, two letters of recommendation, and a copy of your current grade transcript*. Application materials must be sent as a complete packet. Incomplete application packets may not be considered. Applications are accepted within two months prior to the application deadline which are as follows: Summer – March 10, Fall – July 10, Winter/Spring – November 10. Applications will not be accepted after the deadline for the corresponding session.

Please type or print clearly.

Name

Present Address or School Residence Address

City State Zip Code

Permanent Address or Student Home Address

City State Zip Code

Present phone or School Residence Phone Permanent phone or Student Home Phone

Cell Phone e-mail Address

University Major

Year in school (*please circle*): Sophomore Junior Senior Graduate Masters Doctoral

Area of Interest: For consideration in more than one area, please rank your choices in order of interest (1,2,3,4...)

- | | |
|---|---|
| <p>Animal Care</p> <p><input type="checkbox"/> Animal Encounters</p> <p><input type="checkbox"/> Animal Nutrition/Commissary</p> <p><input type="checkbox"/> Behavioral Enrichment</p> <p><input type="checkbox"/> Deserts Biome</p> <p><input type="checkbox"/> Forests Biome</p> <p><input type="checkbox"/> Marine Mammals Area (SCUBA certification preferred)</p> <p><input type="checkbox"/> Plains Biome</p> <p><input type="checkbox"/> Vet Hospital (Pre-Vet/Undergraduate)</p> <p><input type="checkbox"/> Oceans Biome (SCUBA certification preferred)</p> <p><input type="checkbox"/> Oceans Water Quality Lab</p> <p><input type="checkbox"/> Other: _____</p> | <p><input type="checkbox"/> Conservation Education (Program Evaluation)</p> <p><input type="checkbox"/> Communications</p> <p><input type="checkbox"/> Horticulture</p> <p><input type="checkbox"/> Human Resources</p> <p><input type="checkbox"/> Institutional Advancement (fundraising)</p> <p><input type="checkbox"/> Event Interns</p> <p><input type="checkbox"/> Marketing (promotions, events)</p> <p><input type="checkbox"/> Marketing (sales & facilities)</p> <p><input type="checkbox"/> Veterinary Technician (Vet Tech Students only)</p> <p><input type="checkbox"/> Veterinary Externship/Preceptorship
(4th year Vet. Students only)</p> |
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Are you receiving school credit for your internship? Yes No (If so, please make arrangements prior to the start of your internship)

Date Available to Start _____ End Date _____
Intern must be able to work a minimum of 12 consecutive weeks

Applicant Signature _____
Application Date

Please send completed application packet to:
 Manager of Volunteer Services, 1200 West Washington St., P.O. Box 22309, Indianapolis, IN 46222-0309
 Or fax to 317-630-5114