



ATTN: Animal Care Internship Program
 1301 Summit Boulevard
 West Palm Beach, FL 33405
 sdampier@palmbeachzoo.org
 www.palmbeachzoo.org

FOR OFFICE USE ONLY	
DATE RECEIVED:	_____
<input type="checkbox"/>	Orientation
<input type="checkbox"/>	TB Test
<input type="checkbox"/>	Internship Hire
Department	_____

INTERNSHIP APPLICATION

AS PART OF THE APPLICATION PROCESS, THE APPLICATION MUST BE FILLED OUT IN THE APPLICANT'S OWN HANDWRITING.

PERSONAL INFORMATION

NAME: _____
FIRST MIDDLE LAST

STREET ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

HOME TELEPHONE: _____ CELL #: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ / _____ / _____
MONTH DAY YEAR

FLORIDA RESIDENCY: YEAR-ROUND SEASONAL

IF SEASONAL, PLEASE INDICATE ALTERNATE ADDRESS

STREET ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

HOME TELEPHONE: _____ DATES AT THIS ADDRESS: _____

EDUCATION:

NAME OF SCHOOL: _____ MAJOR: _____

DATE OF GRADUATION: _____

WILL YOUR INTERNSHIP WORK COUNT FOR SCHOOL CREDIT?
YES NO

TOTAL NUMBER OF HOURS NEEDED: _____

ADDITIONAL REQUIREMENTS: _____

DO YOU HAVE YOUR OWN TRANSPORTATION: YES NO

PALM BEACH ZOO INFORMATION

HAVE YOU EVER INTERNEED OR VOLUNTEERED AT THE ZOO? YES NO

IF SO, WHEN? _____

DO YOU HAVE ANY FAMILY OR FRIENDS WHO WORK OR VOLUNTEER AT THE ZOO?

YES NO

IF SO, WHO? _____

WHERE DID YOU LEARN ABOUT THIS INTERNSHIP OPPORTUNITY? (CIRCLE ONE)

- | | | |
|------------------------|---------|--------------|
| PALM BEACH ZOO WEBSITE | FRIENDS | AZA WEBSITE |
| VISITING THE ZOO | SCHOOL | ZOO EMPLOYEE |
| OTHER INTERNET SITE | FAMILY | OTHER: _____ |

IF YOU LEARNED OF THIS OPPORTUNITY FROM A FRIEND, TEACHER, OR OTHER PERSON, PLEASE LIST THE PERSON'S NAME. _____

PREVIOUS EXPERIENCE

VOLUNTEER EXPERIENCE:

ORGANIZATION	FROM MONTH & YEAR	TO MONTH & YEAR	POSITION	DESCRIPTION OF ROLE

EMPLOYMENT EXPERIENCE:

ORGANIZATION	FROM MONTH & YEAR	TO MONTH & YEAR	POSITION	DESCRIPTION OF ROLE

AVAILABILITY:

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM (A.M.)							
TO (P.M.)							

SPECIAL ABILITIES

I AM PROFICIENT IN THE FOLLOWING COMPUTER PROGRAMS:

I SPEAK THE FOLLOWING LANGUAGES FLUENTLY:

PLEASE LIST ANY OTHER SPECIAL SKILLS YOU POSSESS THAT WOULD BE USEFUL IN THIS POSITION: _____

BACKGROUND

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, PLEASE GIVE A DETAILED EXPLANATION: _____

HAVE YOU EVER BEEN DISMISSED FROM ANOTHER ORGANIZATION? YES NO

IF YES, PLEASE GIVE A DETAILED EXPLANATION: _____

PLEASE NOTE:

THE PALM BEACH ZOO IS UNABLE TO ACCEPT COURT-ORDERED/DIRECTED COMMUNITY SERVICE VOLUNTEERS. ALL VOLUNTEERS ARE SUBJECT TO A 90-DAY PROBATIONARY PERIOD, AND MAY BE DISMISSED AT ANY TIME AT THE DIRECTION OF ZOO MANAGEMENT.

MEDICAL INFORMATION

IN CASE OF EMERGENCY, NOTIFY: _____

RELATIONSHIP TO INTERN: _____

DAY PHONE: _____ CELL PHONE: _____

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WOULD LIMIT WALKING OR STANDING FOR LONG PERIODS OF TIME? YES NO

DO YOU HAVE ANY SPECIAL LIMITATIONS THAT WOULD PREVENT YOU FROM LIFTING OR MOVING HEAVY OBJECTS? YES NO

PLEASE LIST ANY INJURY AND/OR LIMIT OF ABILITY: _____

ARE YOU CURRENTLY TAKING ANY MEDICATIONS? YES NO

IF SO, FOR WHAT? _____

PLEASE LIST ANY ALLERGIES YOU MAY HAVE (I.E. MEDICINES, FOOD, INSECT, ANIMAL DANDER, DUST, ETC.) _____

ESSAY QUESTIONS

PLEASE ANSWER THE FOLLOWING QUESTIONS IN THE SPACE PROVIDED. IF NEEDED, PLEASE USE ADDITIONAL PAPER TO COMPLETE AND ATTACH TO YOUR APPLICATION.

1. WHAT ARE YOUR EXPECTATIONS OF INTERNING AT THE PALM BEACH ZOO?

2. DESCRIBE ANY ACTIVITY OR INVOLVEMENT WITH OTHER ENVIRONMENTAL, CONSERVATION, OR ANIMAL-RELATED ORGANIZATIONS.

REFERENCES

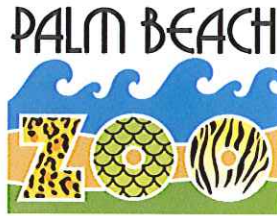
PLEASE GIVE THE NAME AND TELEPHONE NUMBER OF TWO (2) PERSONS WHO MAY BE CONTACTED AS PERSONAL REFERENCES. REFERENCES MAY NOT BE FAMILY MEMBERS.

NAME: _____

NAME: _____

PHONE: _____

PHONE: _____



RELEASES

THE ATTACHED MATERIALS HAVE BEEN READ AND THE APPLICATION HAS BEEN COMPLETED THOROUGHLY AND TRUTHFULLY IN THE INTERN'S OWN HANDWRITING WITHOUT OMISSION TO ABILITIES AND/OR EXPERIENCES. IT IS UNDERSTOOD THAT THIS APPLICATION AS WELL AS FURTHER DOCUMENTS WILL REMAIN CONFIDENTIAL.

I, _____, DO HEREBY RELEASE FROM ALL FORMS OF
INTERN NAME

LIABILITY, THE PALM BEACH ZOO AND THE ZOOLOGICAL SOCIETY OF THE PALM BEACHES, INC., FOR ANY INJURY/CLAIM I MIGHT OTHERWISE INCUR WHILE PERFORMING IN A VOLUNTEER CAPACITY AT THE PALM BEACH ZOO. I WILL NOT HOLD THE PALM BEACH ZOO AT DREHER PARK IN ANY WAY RESPONSIBLE FOR ACCIDENT AND/OR INJURY THAT IS WHOLLY OR IN PART RESULTANT FROM FACILITIES, ACTS, OR OMISSIONS NOT DIRECTLY MANAGED BY THE ZOO.

I GIVE THE PALM BEACH ZOO PERMISSION TO ACQUIRE EMERGENCY MEDICAL TREATMENT IF NO GUARDIAN OR EMERGENCY CONTACT CAN BE REACHED. NOTE: THE PALM BEACH ZOO PROVIDES NO WORKERS' COMPENSATION NOR GROUP BENEFITS MEDICAL INSURANCE TO ANY PERSON WHEN ACTING AS A VOLUNTEER.

OUR BOTTOM LINE IS THE BEST POSSIBLE SERVICE FOR OUR VISITORS. THEREFORE, WE EXPECT HIGH STANDARDS OF PERFORMANCE IN YOUR ASSIGNED WORK AND WE WILL GIVE YOU THE BEST SUPPORT AND SUPERVISION WE CAN. I UNDERSTAND THAT IF MY VOLUNTEER PERFORMANCE IS NOT UP TO NECESSARY STANDARDS, THE ZOO RESERVES THE ABSOLUTE RIGHT TO TERMINATE MY SERVICE, OR REASSIGN ME TO SOME OTHER MORE SUITABLE WORK.

I HEREBY RELEASE, DISCHARGE, AGREE TO HOLD HARMLESS AND AUTHORIZE THE PALM BEACH ZOO AT DREHER PARK TO UTILIZE ANY PHOTOGRAPHIC PICTURES OR PORTRAITS FOR ANY PURPOSE WHATSOEVER, INCLUDING THE USE OF ANY PRINTED MATTER IN CONJUNCTION WITH THE PALM BEACH ZOO AT DREHER PARK.

MY SIGNATURE BELOW INDICATES I HAVE READ THE ABOVE INFORMATION AND UNDERSTAND IT FULLY.

INTERN'S SIGNATURE: _____ DATE: _____

SIGNATURE OF WITNESS: _____ DATE: _____