



4004 E 800 N  
Battle Ground, IN 47920  
(765) 567-2265  
Fax (765) 567-4299  
www.wolfpark.org

# Internship Application

Today's date: \_\_\_\_\_

First and last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

## Dates Available for Internship:

Option #1	Start Date:		End Date:	
Option #2	Start Date:		End Date:	
Option #3	Start Date:		End Date:	

How flexible are your dates? \_\_\_\_\_

**Current mailing address:** (good through: \_\_\_\_\_)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Phone (if different from above): \_\_\_\_\_

**Permanent mailing address:** (If different from Current)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Phone (if different from above): \_\_\_\_\_

## Education:

Current or last school attended: \_\_\_\_\_

City/State/Country: \_\_\_\_\_

Expected or actual date of graduation: \_\_\_\_\_

Field of study: \_\_\_\_\_



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Other school attended: \_\_\_\_\_ Date(s) attended: \_\_\_\_\_

Address: \_\_\_\_\_

Field of study: \_\_\_\_\_

Other school attended: \_\_\_\_\_ Date(s) attended: \_\_\_\_\_

Address: \_\_\_\_\_

Field of study: \_\_\_\_\_

## Employment history: (list most recent first)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Position: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving (if applicable): \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Position: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving (if applicable): \_\_\_\_\_



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Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Position: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving (if applicable): \_\_\_\_\_

## Background:

Have you ever been convicted of a criminal offense?  Yes  No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

Have you ever used a different name?  Yes  No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

Our park often has children on the premises. Do you have any legal restrictions concerning work around children?  Yes  No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_



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**Getting to know you: Please provide a brief response to each question, or feel free to attach longer answers on a separate piece of paper.**

What attracted you to the Wolf Park internship program?

Do you have any experiences which will be helpful to you while you are participating in the Wolf Park internship program?

What are your goals during your internship?

**Future plans:**

Do you have plans to obtain further education? If yes, please provide a brief description.

What are your future career goals?

Are you a member of any clubs or organizations, or do you do any volunteer work?

Is there anything else you would like to tell us as we consider your internship program application?

**On a separate sheet of paper, please tell us a bit about yourself. In 4-6 paragraphs (or more!), help us get to know you, and understand more why you might be a good fit for our program.**



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## Agreements:

Agree      Do not  
                 agree

<input type="checkbox"/>	<input type="checkbox"/>	I am 18 years of age or older.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that submission of this application does not assure acceptance into the Wolf Park internship program.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that internship program dates are dependent upon availability and are not guaranteed.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that this is a working internship. I will be required to contribute to the care of Park property and animals, and the work will be dirty and difficult.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that I cannot smoke within any of the buildings on the property.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that use of alcohol or illegal drugs on Park property will be cause for immediate dismissal from the program without refund.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that I will be required to be respectful of others and their property while on the Wolf Park grounds.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that I will most likely be sharing living quarters with others.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that I must be immunized for tetanus prior to arrival at Wolf Park.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that some jobs at Wolf Park have minimum physical requirements for participation.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that the Wolf Park internship program is a full-time, seven-day-a-week commitment.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that there will be a program fee due upon acceptance.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that if I choose not to participate in the program after an offer has been extended, I must notify Wolf Park as soon as possible.
<input type="checkbox"/>	<input type="checkbox"/>	I understand the internship cancellation policy outlined in the internship section of the Wolf Park web site.
<input type="checkbox"/>	<input type="checkbox"/>	I understand a background check will be performed on my after I accept this position, due to the fact that I will possibly be working around young children.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## **Application Submission Checklist**

*Use this to make sure you are sending in a complete application:*

- Completed application form
- Resume (providing info on work, education, and other life experience)
- Transcript (if you are a student and want to help us learn about your educational background and coursework)
- Short, 4-6 paragraph, description of yourself to help us get to know you a bit
- Minimum 2 letters of recommendation (These must be from individuals with whom you have a professional, not a personal, relationship. They should be on letterhead stationery, and be signed. It is nice if we hear from both teacher/professors and employers or other supervisors.)

## **Acceptance Check List:**

*This is what we will need from you to finalize your position, if you are invited to join the program:*

- Signed contract
- Minimum \$200 Deposit
- Completed Emergency Form
- Insurance information
- Recent photo of yourself