

Internship Application

Personal Information

First Name: Last Name:
Address: City:
State: Zip Code: Phone Number:
Email:

Educational Background

Please Check One: Full-time Student Part-time Student Graduate
School: Graduation Date:

How will this internship help with your future career goals?

Internship Details

Please check internships of interest to you

- | | |
|---|--|
| <input type="checkbox"/> Animal Care | <input type="checkbox"/> Education |
| <input type="checkbox"/> Social Media and Marketing | <input type="checkbox"/> Restoration |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> EONS (Spring-Summer Term) |

Which internship is your first choice?

Internship Period: Short-Term (240 hours) Long-Term (500 hours)

Earliest Start Date:

Please indicate the days and times you are available:

Sunday:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday: