



# Internship/Externship Application

Applicant's Name	Male	Female
Address		
City/State/ZIP		
Cell Phone ( )	Other phone	
E-mail		

## EDUCATION INSTITUTION INFORMATION

College/University/High School	
Major (if applicable)	
Minor (if applicable)	
Year in School	Projected Graduation
Internship for Credit ___ Yes ___ No	Desired semester
If for credit, please list the name and phone number for faculty advisor below	
Required number of hours	
Do you need on-site housing?	

Do you have any conditions or restrictions of which we should be aware? (allergies, medications)

\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Alternate phone ( ) \_\_\_\_\_

By signing below I understand an orientation and interview must be completed before I am eligible for acceptance into the Friends of the Zoo volunteer program. Furthermore, I agree to follow the policies outlined in the Volunteer Manual. I also authorize Dickerson Park Zoo to take any steps to insure my health in an emergency. I also authorize Friends of the Zoo to use my name and/or photograph for public relations purposes related to the zoo. I also understand volunteers must be at least 18 years old.

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY	
<input type="checkbox"/> Application received	<input type="checkbox"/> Volunteer Manual
<input type="checkbox"/> Called for interview	<input type="checkbox"/> Name badge
<input type="checkbox"/> Interview	<input type="checkbox"/> Uniform shirts
<input type="checkbox"/> Background Check sent	
<input type="checkbox"/> Background Check reviewed	
<input type="checkbox"/> Accepted/Not accepted	

Friends of the Zoo 3043 North Fort Springfield, MO 65803

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