



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.

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 | |

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