



## Internship/Externship/Preceptorship/Job Shadow 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 and 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"/> Background Check Sent	<input type="checkbox"/> Volunteer Manual
<input type="checkbox"/> Background Check Received	<input type="checkbox"/> Name badge
<input type="checkbox"/> Background Check Cleared	<input type="checkbox"/> Uniform shirts
<input type="checkbox"/> Accepted/Not Accepted	
<input type="checkbox"/> Scheduled	
<input type="checkbox"/> TB Test Received	

