



Internship Application

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

EDUCATION INSTITUTION INFORMATION

College/University	
Major	
Minor	
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, etc.)? _____

Emergency Contact Name _____ Relationship _____
 Home Phone () _____ Cell Phone () _____

By signing below I understand an orientation and interview must be completed before I am eligible for acceptance to the Friends of the Zoo volunteer program. Furthermore, I agree to follow the policies outlined in the Volunteer Manual. I authorize Dickerson Park Zoo and Friends of the 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"/>
<input type="checkbox"/> Background Check reviewed	<input type="checkbox"/>
<input type="checkbox"/> Accepted/Not accepted	<input type="checkbox"/>

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