WOLF HOLLOW WILDLIFE REHABILITATION CENTER

APPLICATION FOR WORKING INTERNSHIP 2020

| Name | | | | | |
|---|---|---------|--------------|--------------------|---|
| Address | | | | | |
| | | | | | |
| Phone | | | | | |
| Email Address | | | | | |
| | available for an internship t least 9 weeks, e.g. June 5th – Aug | | | | |
| How did you find out abo | ut this internship? | | | | |
| Do you wish to complete t | his internship for course credits? | Yes | No | | |
| Do you have a current dr | ver's license? | Yes | No | | |
| Please tell us about any il (e.g., allergies, chronic kn | lnesses or disabilities that may be ee or back injuries, etc.). | relevan | it to your w | vork at Wolf Hollo | W |

Experience dealing with wild or domestic animals (we do not routinely interview intern candidates, so please provide details of relevant experience, both paid and volunteer)

Other relevant information

ESSAY

Please describe (on one or two pages) why you would like to be an intern at Wolf Hollow, which particular aspects of our work interest you most, how this experience would fit into your career plans, and how you as an individual would contribute to the success of the team.

Wolf Hollow is an alcohol and drug free workplace.

Please mail your **completed application**, essay and <u>current resume</u> to:

Wolf Hollow Wildlife Rehabilitation Center Attn: Education Coordinator PO Box 391 Friday Harbor, WA 98250

Please note: Applications must be received by February 14th 2020