## WOLF HOLLOW WILDLIFE REHABILITATION CENTER

## **APPLICATION FOR WORKING INTERNSHIP 2021**

Name _				
Address				
Phone _				
Email Address _				
<b>Dates when you would be</b> a (This must be a period of <b>at</b>	available for an internship least 9 weeks. Please give y	our <b>maximum</b> perio	d of availability e.g. May	14 <sup>th</sup> -Sept 6 <sup>th</sup> .
How did you find out abou	nt this internship?			
Do you wish to complete th	his internship for course cr	edits? Yes N	lo	
Do you have a current driv	ver's license?	Yes No		
Please tell us about any illi or back injuries, etc.).	nesses or disabilities that m	ay be relevant to yo	our work at Wolf Hollow	(e.g., allergies, chronic knee
Experience dealing with w relevant experience, both pa	ild or domestic animals (waid and volunteer)	e do not routinely int	erview intern candidates, s	o please provide details of

## FCCAV

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.

Please mail your completed application form, essay and current resume 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 2021

