WOLF HOLLOW WILDLIFE REHABILITATION CENTER

APPLICATION FOR WORKING INTERNSHIP 2021

Name					
Address					
Phone					
Email Address					
Dates when you would be (This must be a period of a	e available for an internshi at least 9 weeks. Please give	p your maximum p	period of availab	ility e.g. May 14 th -S	Sept 6 th .
How did you find out abo	out this internship?				
Do you wish to complete	this internship for course o	credits? Yes	No		
Do you have a current dr	viver's license?	Yes N	No		
Please tell us about any il	llnesses or disabilities that :	may be relevant t	o your work at	Wolf Hollow (e.g.,	allergies, chronic knee

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)

ESSAY

or back injuries, etc.).

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 21st 2021