## WOLF HOLLOW WILDLIFE REHABILITATION CENTER

## **APPLICATION FOR WORKING INTERNSHIP 2025**

Name:		Preferred Pronouns:
Address:		
Phone:		
Email Address:		
<b>Dates when you would be available for an internship:</b> This must be a period of <b>at least 9 consecutive weeks</b> . Please gi May 14 <sup>th</sup> -Sept 7 <sup>th</sup> .	ive your n	naximum period of availability. For example:
How did you find out about this internship?		
Please sign here to confirm that you have read all the interns the work involves.	ship infor	mation on our web site and understand what
Do you wish to complete this internship for course credits?	Yes	No
Do you have a current driver's license?	Yes	No
Please tell us about any illnesses or disabilities that may be r chronic knee or back injuries, or anything that may impede		•
Please describe your experience dealing with wild or domest	ic animal	S.

## **ESSAY**

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

Please **email** or **snail mail** your **completed application form**, **essay** and **current resume** highlighting pertinent information to Brittini Hill at <u>education@wolfhollowwildlife.org</u> or

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

Please feel free to email or call if you have any questions director@wolfhollowwildlife.org 360-378-5000

Applications need to be received by February 15<sup>th</sup> 2025 Thank you!