

PH: (305)451-1993 Fax: (305)451-3710 \*www.dolphinsplus.com\* www.facebook.com/dolphinspluspage

### Animal Care/Training Internship Application

Thank you for your interest in the Animal Care and Training Internship Program at Dolphins Plus. Please fill out each category completely. If your response exceeds the allotted space, feel free to attach additional documentation as necessary. Upon the receipt of your application, transcripts, and application fee, you will be contacted by one of our intern coordinators via email.

# **APPLICANT INFORMATION:** Name: \_\_\_\_\_\_ Date: \_\_\_\_\_ Address: City: State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email Address: **EMERGENCY CONTACT INFORMATION:** Name: \_\_\_\_\_\_ Date: \_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Vork Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ **EDUCATION:** College/University: Major/Minor: Years Completed: GPA: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_ Please list all extra curricular activities you are currently involved in:

## **BACKGROUND INFORMATION:**

Date of Birth:	Primary Language:
SCUBA Certified (not required):	If yes, year certified?
Computer Skills (e.g. Excel, SPSS, Word): _	
Have you ever been arrested or convicted of (If yes, please explain)	a felony?
Do you have any medical conditions the Inte pain, allergies, diabetes, pregnancy)?	rnship Coordinators should be aware of (e.g. asthma, back
If yes, are you currently taking medication for	or these conditions?
When will you be available to participate in	the internship (12-week minimum – dates listed below)?
Have you also applied to the Dolphins Plus V	Veterinary internship?
Please answer the following questions accu	urately and completely. (Not limited to the space below)
1. Describe your career goals.	
2. How would an internship at Dolphins Plus	assist you in obtaining your career goals?
3. What are your views on zoos and aquariur	ms?

4. Please describe all previous personal and profess	ional experience with animals.
5. What do you consider your biggest accomplishing	nent?
6. What do you expect to gain from an internship at	t Dolphins Plus?
7. Why should we select you for our internship prog	gram?
8. Do you think captive display facilities play a role	e in conservation? If so, how? If not, why?
The undersigned acknowledges that all information knowledge.	on this application is true to the best of his/her
Signature:	Date:
INTERNSHIP DATES	
Spring 201 (mid-February to mid-May)	Fall 201 (mid-August to mid-November)
Deadline to apply: November 15	Deadline to apply: May 15
Summer 201 (mid-May to mid-Aug)	Winter 201 (mid-Nov to mid-Feb)

Deadline to apply: August 15

Deadline to apply: February 15

### **APPLICATION CHECKLIST:**

 _ Application Form
_Cover Letter
_Resume/CV
Current Transcript(s)
Recommendation Letter (2)
Application Fee \$25.00
Recent Photo

## Please mail all application materials to:

Animal Care Intern Coordinator Dolphins Plus 101900 Overseas Highway Key Largo, FL 33037

For questions, please e-mail: internship@dolphinsplus.com

<sup>\*</sup> Please ask your referees to either mail their letters directly to Dolphins Plus at the address provided above or scan/e-mail their letters to: <a href="mailto:internship@dolphinsplus.com">internship@dolphinsplus.com</a>, Subject: Student Name – LOR. All letters, mailed or e-mailed, must be sent on letterhead and must include a valid signature.