



**Marine Mammal Care Center at Fort MacArthur  
Application for 10-week Volunteer Internship**

*Personal and contact information:*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Birth Date: \_\_\_\_\_

***You must be 18 or over***

Have you had a tetanus shot within the past ten years?  Yes  No

Are you covered under a personal or family medical plan?  Yes  No

Relevant courses/experience: \_\_\_\_\_

Career Goal: \_\_\_\_\_

How did you hear about this internship? \_\_\_\_\_

Why are you interested in interning at the MMCC? \_\_\_\_\_

Please list two references and attach your resume and one letter of recommendation:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

*Dates you are available for your rotation:*

Earliest start date: \_\_\_\_\_ Latest end date: \_\_\_\_\_

We currently offer spring rotations (starting in January-February) and summer rotations (starting in April-August). Interns are expected to commit 30 hours/week for a period of 10 weeks. Weekly scheduling is arranged at the start of the internship.

*Emergency contacts:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Interns are responsible for their own transportation, housing, and medical insurance. Additionally, foreign students are responsible for arranging all necessary visas and permits. Interns are not covered by workman's compensation. You are required to sign a General Release form which waives any liability of the Marine Mammal Care Center at Fort MacArthur should you be injured while performing your duties.