# New England Wildlife Center

500 Columbian Street South Weymouth, MA 02190



Application for Internship

## **IMPORTANT**

Information and instructions for completing the application form.

- 1. Print answers clearly in blue or black ink.
- 2. Answer every question fully and accurately.
- 3. False or inaccurate information on this application will be cause for disqualification for acceptance or dismissal at any time after acceptance.
- 4. Read over application carefully before submitting to ensure all information is complete and accurate.
- 5. Return completed application & attachments in one packet on or before the deadline:

If applying for the Summer season, the deadline is February 15<sup>th</sup>.

If applying for the fall, winter and spring season, there is no deadline. Applicants are accepted or denied on a rolling basis.

6. Your completed application, a copy of your current resume, and 2 letters of recommendation must be submitted as a complete packet for your application to be considered. If any item is missing or if the items are mailed separately, your application will be considered incomplete and will not be put into consideration for a position. Mail packets to:

Internship Application Packet New England Wildlife Center 500 Columbian Street Weymouth, MA 02190

Check our website (www.newildlife.com) for more information and FAQ's about the intern program.

## New England Wildlife Center

## Application for Internship

### WE ARE AN EQUAL OPPORTUNITY ORGANIZATION

It is the policy of the Center to afford equal employment/internship opportunities to all qualified persons regardless of race, color, religion, national origin, age, military status, sexual orientation, disability or gender.

PERSONAL INFORMATION:									
Name	(First)	(M	fiddle)	(Last)		Home Tele	phone Number		
Mailing	Address	(Street)	(City)	(State)	(Zip)	Email Addr	ress:		
Are you	over the	age of 18?							
□ Yes	$\square$ N	lo		D	ate of Birth	/	/		
Have yo	ou ever be	en convict	ed of a felony?						
☐ Yes	□ No (0	Conviction	will not necessa	arily disqua	lify an applicant fr	om acceptanc	e)		
,									
assault, □ Yes	speeding,	minor traf nviction w	fic violations or ill not necessari	disturband ly disqualif	r than a first misde ce of the peace with y an applicant fron	hin the last 5 macceptance)	years?	nness, simple	
EDI	EDUCATION (please include high school, college, graduate study, vocational training)								
LDC	011110	or (pier	ise merade n	1811 00110		dance stad	Year	Degree	
N:	ame of Scl	nool	Locatio	on	Main Course	of Study	Completed	Received	

RELEVANT WORK	EXPERIENC	E (also attac	ch full resur	ne to applic	cation):		
Place of Employment					Responsibilities		
				l			
VOLUNTEER E	XPERIEN(	CE					
Organization	ı	Responsibilities			Length of Service		
REQUESTED D	ATES OF	INTERN	SHIP (Be	as specific	as possible	)	
		onth		Day		Year	
Start Date:							
End Date :							
If above dates are un	navailable my	alternative	requested	dates are:			
Start Date :							
End Date :							

#### **ROTATION INFORMATION**

The clinic is open 7 days a week, 365 days a year. During the spring and summer season which is our busiest season, the clinic day begins at 7am and ends at 7pm (for all those hungry baby birds). As an intern you will through 2 different hourly schedules. Example: week one you will work 7am-3pm, week two you will work 11 am-7pm, week three you will work 7am-3pm again. Although the hours change each week you will always we same days. During the fall / winter months we have fewer animals so the clinic day begins at 9am and ends a We are able to be flexible for those students whose colleges require they be in class on certain days as well as people with work commitments.

Rank in order which rotation you would prefer (this does not guarantee that you will get your #1 choice, it is used only as a guideline for scheduling):

Rank		Days On	g / Sumn	nier Ap	Hours	Day	Days Off		
	Th	ursday – Moi	nday	7am-3pm, 11am-7pm 7am-3pm, 11am-7pm			Tuesday, V	Tuesday, Wednesday	
	I	Friday – Tues	day				Wednesday	Wednesday, Thursday	
	Wednesday – Sunday			7am-3pm, 11a	Monday	Monday, Tuesday			
Saturday – Wednesday			7am-3pm, 11a	Thursda	Thursday, Friday				
		Fal	ll / Winte	er Appli	icants:				
Rank		Days On		Hours			Day	Days Off	
	Tł	nursday – Mo	nday		9am-5pi	m	Tuesday, V	Tuesday, Wednesday	
	Satu	urday – Wedr	nesday		9am-5pi	m	Thursda	ıy, Friday	
Mond	ay	Tuesday	Wedne	esday	Thursday	Friday	Saturday	Sunday	
		Y INFORI ummary about	_		rested in becomi	ng an intern at t	he Center.		
			_		rested in becomi	ng an intern at t	he Center.		
_			_		rested in becomi	ng an intern at t	he Center.		
_			_		rested in becomi	ng an intern at t	he Center.		
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_			_		rested in becomi	ng an intern at t	he Center.		
_			_		rested in becomi	ng an intern at t	he Center.		
Please wi	rite a s		t why you		rested in becomi	ng an intern at t	he Center.		
RABII	ES IN	NFORMA	TION	are inte			ccinated due to th	ne high volur	

If no, upon acceptance you will need to complete the vaccinations and supply the Center with a copy of your records two weeks before beginning work.

INSURANCE INFORMATION
Proof of insurance will be required upon acceptance Do you have health insurance (Our insurance requires this; if you have no insurance we will be unable to consider you for a position)?
☐ Yes ☐ No
HOUSING INFORMATION
Housing is available on a very limited basis at a charge of \$50.00 a week. Will you require housing while interning?  Yes  No
The Center is unable to offer assistance in finding alternative housing. If you require housing and it is not available are you still able to participate in the program?