

EXPLORE THE WONDERS OF WATER

INTERNSHIP APPLICATION

LEVEL: ____ HIGH SCHOOL ____ COLLEGE-UNDERGRADUATE ____ COLLEGE-GRADUATE
TYPE OF INTERNSHIP YOU ARE APPLYING FOR: ____ RESEARCH ____ EDUCATION ____ PUBLIC RELATIONS

NAME: _____
Last First M.I.

PREFERRED NICKNAME: _____ DATE OF BIRTH: ____ / ____ / ____

SOCIAL SECURITY #: _____ TELEPHONE: (_____) _____

ADDRESS: _____
Street City State Zip

WHOM SHOULD WE CONTACT IN CASE OF EMERGENCY? _____
Name Telephone #

PHYSICAL LIMITATIONS (if any): _____

PREVIOUS VOLUNTEER/INTERNSHIP EXPERIENCES:
Organization Position How long?

EMPLOYER/OCCUPATION: _____

NAME OF SCHOOL: _____

MAJOR/AREA OF INTEREST: _____

HAVE YOU EVER BEEN INVOLVED IN ANY LAW VIOLATION, OTHER THAN A TRAFFIC VIOLATION? Yes / No
IF YES, PLEASE STATE WHAT TYPE OF VIOLATION: _____

HAVE YOU EVER BEEN INVESTIGATED FOR CHILD ABUSE AND NEGLECT? Yes _____ No _____

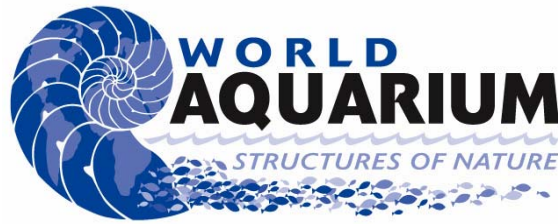
ONE PROFESSIONAL CHARACTER REFERENCE IS REQUIRED TO COMPLETE YOUR APPLICATION.
Appropriate references include professors, academic advisors and supervisors.

HOW DID YOU HEAR ABOUT THE AQUARIUM'S INTERNSHIP PROGRAM? (circle one)
NEWSPAPER TV RADIO BROCHURE NEWSLETTER A VOLUNTEER WORK SCHOOL STAFF
OTHER _____

WHY ARE YOU INTERESTED IN INTERNING FOR THE WORLD AQUARIUM?

As an intern, I agree to abide by the policies of the World Aquarium and I certify that the above information is correct. I understand that a background check will be done on me. I authorize the World Aquarium to contact the reference. I understand that this information will be treated as confidential material.

Signature Date



INTERN REFERENCE CHECK FORM

PLEASE PRINT!

This professional reference is being given for _____
INTERN NAME

REFERENCE'S NAME: _____

ADDRESS: _____

DAYTIME PHONE: (_____) _____

1. How long have you known the applicant? _____

2. In what capacity do you know the applicant? _____

3. In your opinion, would this person be a responsible and reliable participant in our internship program? _____

4. Can you comment on the strength of this applicant? Is he/she a strong people person dedicated to giving customer service? _____

5. Are you aware of any physical or emotional conditions that could cause difficulty for this person in a museum situation? _____

6. Any other comments? _____

Thank you for your cooperation. Please return this form to the applicant or mail it to our address above,
Attention: Internships

Signature _____ Date _____