

DUNROVIN



EXOTIC ANIMAL SANCTUARY

Internship Application

Date: _____

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State Zip Code*

Phone: _____ Email: _____

Emergency Contact: _____
Name Phone Relation

Have you ever worked at an animal facility? YES NO

If yes, where? _____

What was your job title? _____

Highest level of education: _____

Do you have a reliable way of getting here? YES NO

Have you ever been convicted of a felony? YES NO

If yes, please explain: _____

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What are your strengths/weaknesses?

What are your favorite/least favorite animals?

What makes you stand out from other applicants?

What should we know about you?

I certify that my answers are accurate and complete to the best of my knowledge. If I am accepted into the internship program, I understand that false or misleading information on this application will result in my dismissal from the program. I have read and agree to the Internship Details. I understand that this is an unpaid position, and I will not receive any compensation. I agree to comply with all instructions, rules, regulations, and protocols set by the supervising staff member. I understand that the environment in which I will be interning is unpredictable by nature, and I will not hold Dunrovin Exotic Animal Sanctuary or its staff members liable for any injury, disease, or death that may occur. I certify that if I am under 18 years of age, my parent or legal guardian has read this form and disclaimer and agrees to the above information.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

