



10 Smith Lane, Eastham, Ma 02642-2671 • 508-240-2255
internship@wildcarecapecod.org • wildcarecapecod.org

Application for Internship Program 2021

Complete this application and mail to Internship Coordinator, 10 Smith Lane, Eastham MA 02642

Personal Information

Last Name: _____ First Name: _____

Season applying for: (Spring, Summer, or Fall) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Permanent Address _____

City: _____ State: _____ Zip: _____

Phone Number: _____ **Email:** _____

Date of Birth: _____ (Must be over 18 years of age to apply)

Have you ever been convicted of a crime? (Yes or No) _____

If yes, please explain the charges and circumstances: _____

Please include the following supporting documents:

1. A current resumé and cover letter
2. A copy of your academic transcript
3. Two academic or professional letters of reference, emailed directly from your references, to internship@wildcarecapecod.org, or mailed directly from your references, to "Internship" @ Wild Care, Inc., 10 Smith Lane, Eastham, MA 02642 in a sealed envelope.
4. An essay between 150-300 words entitled, "What experience I hope to gain from an Internship at Wild Care"

Applications will be reviewed as they are received. Two telephone interviews will be scheduled after a signed internship agreement is received. If you are selected, proof of medical insurance and current tetanus immunization will be required prior to your starting date.

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Educational Information

Name of school you currently attend or have recently graduated from: _____

School entry date: _____

Have you graduated from your degree program? (Yes or No) _____

Anticipated graduation date: _____

Bachelors or Masters Degree: _____

Major Field of Study: _____

Extra-curricular activities: _____

Medical Information

Emergency Contact:

Relationship: _____

Name: _____

Address: _____

Phone(s): _____

Do you have a current tetanus shot: (Yes or No)

Do you have current rabies vaccinations: (Yes or No)

Do you have medical insurance? (Yes or No)

Name of insurance provider: _____

Do you have any medical condition or allergies that require special accommodations? (Yes or No)

If yes, please explain: _____

Additional Information

Do you have access to housing on Cape Cod? (Yes or No)

If no, would you require a housing allowance? (Yes or No)

How did you hear about this internship? _____

The above information is true and accurate to the best of my knowledge. I understand that falsification of information will be grounds for immediate dismissal.

Signature: _____ Date: _____

The animals will thank us simply by their presence.



We use recycled paper.