



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

## **Application for Internship Program 2024**

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](mailto: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.*



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