



Operation Wildlife Internship Application

Date: _____

Name: _____ SSN: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email: _____

Best method to contact you:

home phone work phone cell phone email

College/University: _____

Major: _____ Career Interest: _____

Semester you wish to start internship: spring fall summer

Advisor/Professor overseeing the Internship Independent Study: _____

Advisor/Professor phone: _____

Advisor/Professor address: _____

Advisor/Professor email: _____

Current Employment

Company: _____

Address: _____

Supervisor: _____

Supervisor phone: _____ Supervisor email: _____

Disabilities (learning, physical, mental, etc.): _____

Medical Conditions, including allergies: _____

Date of last tetanus shot: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Relation to you: _____

How did you hear about the Operation WildLife Internship Program?

Experience or skills you have that will be of benefit to the organization:

What do you expect to learn from your internship?

Have you volunteered and/or worked with wildlife before? If so, where?

Have you ever been convicted of a felony? If yes, what for?

I have read, understood, and agree to the requirements asked of me within the internship program for OWL and understand that neglecting to do any of these requirements will be reflected in my grade for college credit or any references that are asked for from Operation WildLife, Inc.

Signature: _____ Date: _____

(electronic signature is acceptable)

Complete and return this form to:

Operation Wildlife

23375 Guthrie Road

Linwood, Kansas 66052

Or email to:

owlvolunteer@yahoo.com

Or fax to:

785-542-5114