



CAROLINA
WILDLIFE CARE

WILDLIFE REHABILITATION INTERNSHIP APPLICATION

Thank you for your interest in an internship at Carolina Wildlife Care! This internship not only provides a comprehensive look at the inner workings of a wildlife rehabilitation center, but offers valuable experience working with a different species of wildlife.

All internship positions at CWC are unpaid. Applicants must provide their own transportation and housing. Interns will be given a permanent nametag, but all interns must supply their own scrubs.

Interested applicants should send cover letter, application, and resume to

Joanna Weitzel, Executive Director
Carolina Wildlife Care
5551 Bush River Road
Columbia, SC 29212
jweitzel@carolinawildlife.org

Deadlines are listed below. Once your application is received and reviewed, you will be contacted for a phone or personal interview.

PLEASE PRINT CLEARLY

Today's Date _____ Date of last Tetanus Immunization _____
Name _____ Home Phone (____) _____ - _____
Address _____ Cell Phone (____) _____ - _____
City _____ State _____ Zip _____
E-mail _____
School _____ Completion Date _____
Major/Minor _____

For which internship are you applying?

- _____ **SPRING:** Late January – April; 10-15 hours/week
_____ **SUMMER I:** May 17th – July 4th, 2010; 30 hours/week for 8 weeks
_____ **SUMMER II:** June 21st – August 15th, 2010; 30 hours/week for 8 weeks
_____ **SUMMER (Part-Time):** May 17th - August 8th, 2010; 20 hours/week for 12 weeks
_____ **SUMMER (Full-Time):** May 17th - August 8th, 2010; 30 hours/week for 12 weeks
_____ **FALL:** Late August – November; 10-15 hours/week

Describe the most relevant experience that has prepared you for this internship.

What characteristics will make you an asset to Carolina Wildlife Care?

How did you learn about this internship?

Will you require any time off during the internship period?

Yes No If yes, please list date(s) and explanation below

Are you receiving academic credit for this internship? Yes No

If yes, is there paperwork CWC has to complete? Yes No

Please include contact information and an address where a final evaluation can be mailed or emailed.

Please write your name below as it should appear on your name tag (first and last names):

List (3) references, preferably a combination of work and/or school related, for us to contact.

Name _____
Address _____
City/State/Zip _____
Phone _____
Email _____

Name _____
Address _____
City/State/Zip _____
Phone _____
Email _____

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