



Internship Member Application

PERSONAL INFORMATION - PLEASE PRINT CLEARLY

The minimum age requirement to participate in Out of Africa Wildlife Park Internship Program is 18.

Date Submitted: _____ Home Phone: _____

Name: _____ Cell Phone: _____
Last First Middle

Home Address: _____
Street City State Zip

E-mail Address: _____

Are you 18 years or older? _____ Yes _____ No Date of Birth: _____

T-shirt Size: (Circle One) SM Med LG X-LG XX-LG

How did you hear about the Internship Program? _____

EMERGENCY CONTACTS - In the event of an emergency whom should we notify?

Name: _____ Home Phone: _____
Last First Middle

Relationship: _____ Work Phone: _____

Address: _____

Name: _____ Home Phone: _____
Last First Middle

Relationship: _____ Work Phone: _____

Address: _____

CURRENT EMPLOYMENT STATUS

If you are employed, please list your current employer below:

Company Name: _____ Your Title: _____

Company Phone #: _____

Job Description: _____

(Please check one) Full-time Part-time Other: _____

EDUCATION

Name of College: _____ GPA: _____

City, State: _____

Related Course Work: _____

University Contact: _____ Email: _____

Graduate? _____ Major: _____

Degree(s) expected, institutions, and anticipated dates of conferral: _____

AVAILABILITY - Please indicate the time of day and months you are available to participate each week

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon

MONTHS AVAILABLE

<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December

Internship Application Deadlines: March 1st for Summer Internship (May-Aug), July 1st for Fall Internship (Sept-Dec), Nov 1st for Spring Internship (Jan-Apr). Please indicate if additional months are needed:

Additional month(s) requested: _____

Exceptions / Restrictions: _____

INTERNSHIP QUESTIONS - Please attach a separate page with your responses

- 1) Why are you interested in an internship at Out of Africa Wildlife Park?
- 2) Do you have any previous related experience?
- 3) Please describe your college institutions requirements for academic credit?
- 4) How did you hear about Out of Africa Wildlife Park's Internship Program?
- 5) What would make you a strong candidate for this position?

BACKGROUND INFORMATION - This is required to conduct background check on all intern applicants

Print Name: _____
Last First Middle Maiden

Current Address: _____
Street City State/Zip

Previous Address: _____
Street City State/Zip

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____ Gender (circle one) Male / Female

Have you ever been known by another name? _____

Have you ever been convicted of a crime? (circle one) Yes / No

If yes, please explain: _____

Have you ever been dismissed from a volunteer program? (circle one) Yes / No

If yes, please explain: _____

AGREEMENT - Read carefully before signing

This Waiver agreement, made and entered by and between Out of Africa Wildlife Park, 4020 N. Cherry Rd., Camp Verde, AZ 86322, herein referred to as the "Park," AND _____

Name (please print)

The parties to this Agreement do hereby mutually recognize that Out of Africa Wildlife Park does not provide Workman's Compensation or any other type of liability insurance to persons who are not actually employees of the Park. Accordingly, persons such as Interns/Volunteers are not covered by Out of Africa for such forms of insurance.

Should I become an Intern, I agree to comply with all rules and regulations of Out of Africa Wildlife Park. I realize that there are many hazards at Out of Africa Wildlife Park that deal with animals, diseases, and other dangerous and unpredictable injuries. I am aware of my own health and physical limitation, which might not be obvious to my supervisor. I realize that it is my responsibility to decline any work that is beyond my capability (physical or mental), so that my safety and health is maintained.

Through this Waiver Agreement, the Intern does hereby knowingly release and hold harmless Out of Africa Wildlife Park from any injury, accident, illness or damage sustained by the Volunteer while serving in such a capacity.

I authorize Out of Africa Wildlife Park to use my name and photograph for education, public relations and marketing purposes related to Out of Africa Wildlife Park.

I understand that the information on my Internship application is subject to check and verification by Out of Africa Wildlife Park, and that my previous and present employers, organizations, and volunteer associations may be asked for information as to my character and record with them.

I hereby grant permission to Out of Africa Wildlife Park to contact these employers, organizations, and volunteer associations, and further, I hereby authorize my former and / or present employers, organizations, and volunteer associations to give any information as to my character and employment record with them.

I also grant permission to Out of Africa Wildlife Park to obtain information from and / or copy police and court records in order to conduct a pre-volunteer and pre-internship investigation on me.

I authorize Out of Africa Wildlife Park to obtain criminal history about me from my previous employers, schools and governmental authorities. I authorize my previous employers, schools that I have attended, and governmental authorities to disclose to Out of Africa Wildlife Park such information about me as Out of Africa Wildlife Park may request.

I understand that the Company may require drug and alcohol testing as a condition of Internship, subject to applicable federal and state laws, and I consent to any such testing.

INTERNSHIP AGREEMENT - Read carefully before signing

A \$45.00 program fee is required upon placement (do not enclose payment at this time) into the Internship Program, which is used to offset the background-check cost, processing fees, and one t-shirt. If placed in an Animal Care Department, the Intern will also be responsible for paying for a TB test at a doctor or facility of his/her choice. For the welfare of the employees and animals, Out of Africa Wildlife Park requires all Interns working in Animal Care departments to receive a TB test, and have it read negative, in order to work at the Park. If proof of negative TB test is available, current within the last 12 months, please submit proof with application. The intern must be current on their Tetanus vaccination; proof must be provided once the applicant is accepted into the Intern Program in an Animal Care Department. All vaccinations are at the Intern's expense.

Interns at Out of Africa Wildlife Park do not receive a stipend, nor is housing provided. They will be guided by a keeper-mentor in the department of their placement. Interns must abide by the code of conduct set out in the Program Handbook and Intern Agreement, including the Park's dress code, communication policies and commitment to assigned participation schedule.

I understand that acceptance as an Intern is based on a combination of my skills and interests and the needs of the Park. I realize that opportunities may not be available at any given time. I certify that the statements on this Internship Member Application are true and accurate.

I certify that I have read and understand the above.

Signed by : _____ Date: _____

Print Name: _____