



Featherhaven

P.O. Box 242, Enumclaw, WA 98022 253-350-5792 director@featherhaven.org

Internship Application

Name _____ Birthdate ____/____/____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

University/College Affiliation _____ Field of Study _____

Class Level: ____ 2 year program ____ Sophomore ____ Junior ____ Senior ____ Alumnus.

Pursuing a Wildlife Rehabilitation License: Facility you Volunteered with _____ Hours _____

Do you have previous experience caring for wildlife? Explain _____

Have you interned or volunteered elsewhere? __Yes __No Where: _____ When: _____

Describe your duties _____

Do you expect to have other employment during this internship? _____

Please provide the names and phone numbers of two references: (Teacher/ Professor or Employer recommended)

Name _____ Relationship _____ Phone _____

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Have you ever been convicted of a criminal offense? If yes explain. _____

Do you have housing available during your internship? _____ Where _____

Do you have a current Driver's License and Insurance? _____

Do you have your own transportation? _____

When are you available to begin your 10 consecutive week Internship? _____

Would you like to be considered for a part-time position if full-time internship is no longer available? _____

Emergency Contact Information:

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Please share any allergies or medical condition we should know about: _____

While interning at Featherhaven you may be exposed to Zoonotic Diseases, bacteria's/viruses. All interns must provide proof of a current Tetanus Vaccine and Proof of Medical Insurance. Masks may be required.

Date of last Tetanus Vaccine _____ Medical Insurance by: _____

I have read the 2023 Internship Job Description/ Requirements Document and understand and agree that submitting an application packet does not automatically enter me in the Internship Program. (Incomplete Application Packages or packages received after April 15th will not be considered.) After a mutually successful interview I will need to pass a State Background Check and will be required to sign an internship agreement detailing my commitment to the program, as well as a hold harmless agreement.

Signature _____ Date ____/____/____

Featherhaven Representative _____ Title _____ Date ____/____/____