



# Great Lakes Aquarium

## *HUSBANDRY INTERN APPLICATION*

We consider applications for all volunteer opportunities without regard to race, color, religion, creed, gender, national origin, age, disability marital or veteran status, sexual orientation or any other legally protected status.

The information contained in this application will be considered personal and confidential and used only in conjunction with your enrollment into our Intern or Volunteer Program.

Please furnish us with complete information.

Last name: \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Position you are seeking, if known: \_\_\_\_\_

### **EMERGENCY CONTACT:**

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work phone (+area code): \_\_\_\_\_ Home phone (+ area code): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

**EDUCATION AND TRAINING**

School	School Name	Major/Course of Study	Diploma, Degree or Certificate Received
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High School

College or University

Graduate School

Vocational. Business, Trade School or Other

Are there any groups with whom you would not feel comfortable working? No \_\_\_\_\_ Yes \_\_\_\_\_

Briefly give the group and reason: \_\_\_\_\_

Do you speak a foreign language fluently? No \_\_\_\_\_ Yes \_\_\_\_\_

Do you have any specialized skills or training? If so, in what area? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical limitations that might limit your ability to perform certain types of work?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DIVER CERTIFICATION: Please attach a copy of your certification card to this form.**

Are you a certified diver? No \_\_\_\_\_ Yes \_\_\_\_\_

If you are a certified diver can you provide a log of your dives? No \_\_\_\_\_ Yes \_\_\_\_\_

If you are a certified diver, have you had at least 10 open water dives? No \_\_\_\_\_ Yes \_\_\_\_\_

**VOLUNTEER EXPERIENCE: Have you ever volunteered before?**

Name of Organization	Dates:	Supervisor	Volunteer position
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Phone number:

Average hours per month

Other:

Please list any membership you may have within a club or organization:

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How did you learn about the Great Lakes Aquarium (GLA) Internship Program?

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**WORK EXPERIENCE**

Are you currently employed? Yes\_\_\_\_ No\_\_\_\_

Name of employer:

May we contact your current employer?

Supervisor:

Job Title/Position

Phone number:

Employed From \_\_\_\_\_ to \_\_\_\_\_

Primary Duties/Responsibilities

Average hours per week:

Reason for Leaving

**REFERENCES**

Please list two non-family references acquainted with your personality and work.

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ Years Known \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Why are you interested in interning at the Great Lakes Aquarium? \_\_\_\_\_

\_\_\_\_\_

What do you hope to gain from your internship? \_\_\_\_\_

\_\_\_\_\_

Do you have any goals to achieve during your internship? \_\_\_\_\_

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What forms of recognition, for your volunteer contribution, are most valuable to you?

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**IMPORTANT - READ BEFORE SIGNING**

**Read the following statements carefully before you sign this enrollment form.**

I hereby certify Great Lakes Aquarium and any agent acting on its behalf to conduct an inquiry into any volunteer position related information contained in this application, including, but not limited to my records maintained by an educational institution relating to academic performance. I hereby authorize all current and previous employers or volunteer agencies (unless otherwise noted) to release any information in their files pertaining to my employment and volunteer history, including, but not limited to, the nature of my employment/enrollment wages, attendance records, performance reviews and disciplinary actions.

I certify that all of the statements by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false information or omission of information from this application may be cause for rejection, or dismissal if enrolled into the Volunteer Program.

I understand that Great Lakes Aquarium makes no promise or agreement to enroll me for a certain period of time. If I am enrolled, Great Lakes Aquarium may terminate my involvement at any time with or without cause, for any lawful reason. Also, any Great Lakes Aquarium Volunteer is free to terminate his or her enrollment at any time. I also understand that I will not be paid for my services as a volunteer at the Aquarium.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_



**Great Lakes Aquarium**

**353 Harbor Drive Duluth MN 55802**

**218-740-3474**

The following named individual has made application with Great Lakes Aquarium for a position in our Volunteer Program.

**Last Name of Applicant** (please print): \_\_\_\_\_

**First Name** (please print): \_\_\_\_\_

**Middle** (full)(please print): \_\_\_\_\_

**Maiden, Alias or Former** (please print): \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex** (M or F)

Month/Day/Year

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to Great Lakes Aquarium or its agents for the purpose of approving my Application to become a Volunteer.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public

Notary Stamp or Seal

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