



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
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 Organization1:

Name of Organization2:

Dates:

Dates:

Volunteer Position:

Volunteer Position:

Supervisor:

Supervisor:

Hours per month:

Hours per month:

Total hours:

Total hours:

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

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

WORK EXPERIENCE

Are you currently employed?

Employer:

Previous Employer:

Supervisor:

Supervisor:

Phone Number:

Phone Number:

May we contact this person?

May we contact this person?

Job Title and responsibilities:

Job Title and responsibilities:

Employed from _____ to _____ .

Employed from _____ to _____ .

Average hours per week:

Average hours per week:

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? _____

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

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: _____

Intern Applicant Questionnaire

Name: Term applied for:

			Comments
Can you lift 25 pounds on a regular basis and overhead?	Yes	No	
Can you lift 50 -70 pounds without major strain?	Yes	No	
Are you physically able to climb?	Yes	No	
Are you sensitive to smells (mild to strong)? If yes, what?	Yes	No	
Are you sensitive to the sight of blood (yours or others)? If yes, what kind of reaction can we expect?	Yes	No	
<hr/>			
Do you have any allergies?	Yes	No	
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Can you move easily, quickly and without trouble?	Yes	No	
Do you have health concerns that we should be aware of?	Yes	No	
Do you feel comfortable peeling shrimp, cutting fish, mice, rats, chicken or quail?	Yes	No	
Do you feel comfortable using a knife?	Yes	No	
Do you feel comfortable dealing with bugs, including crickets, worms, cockroaches, praying mantis, etc.?	Yes	No	
Do you feel comfortable working with birds?	Yes	No	
Do you feel comfortable working with reptiles, such as snakes and turtles, or amphibians, such as salamanders and frogs?	Yes	No	
Please rank which internship you would prefer, with 1 being your top choice and 4 being your last. Please also note any restrictions.			
Aquarist/ Animal Care Technician (Fri, Sat, Sun, Mon)		_____	
Animal Care		_____	
Enrichment		_____	
Water Quality		_____	

Please write your availability here:



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 Husbandry Internship 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
