Florida Keys Wild Bird Rehabilitation Center

Mission Wild Bird Hospital + Laura Quinn Wild Bird Sanctuary

Internship Application
Please submit completed application along with resume and cover letter to Greg Russ at careers@keepthemflying.org

Contact Information

Name: _____   Pronouns:_____   DOB:_____

Address: _____

City: _____   State: _____   ZIP: _____

Phone: _____   Email: _____

Availability (6 Month Commitment)

Date Available to Start: _____   Anticipated End Date: _____

Requested Vacation (If time off is required that conflicts with your internship, provide details here):

_____

*Time off during internship must be requested in advance and is not guaranteed. Acceptance into the

internship program does not imply approval of time off.

Why would you like to intern with FKWBC?

_____

_____

_____

_____

Driving Information

Do you have a valid U.S. driver's license? Yes No   State: _____   Expiration Date: _____

Driver's License number: _____

Do you own or have access to a personal vehicle? Yes No

A personal vehicle is strongly recommended for this internship.

Do you feel comfortable driving a large sized pickup truck? Yes No

Additional Questions

Can you lift at least 50lbs? Yes No

Are you able to work in extreme weather conditions (heat, rain, etc.)? Yes No

Are you comfortable working with animals understanding the possible risks of Zoonoses? Yes No

Zoonoses (aka Zoonotic Diseases) are caused by infections that are shared between animals and people.

Would you prefer to work more in the Sanctuary or Hospital? Sanctuary Hospital No Preference

Emergency Information

Do you have any allergies or health limitations that may inhibit your ability to work as an intern?

If yes, please explain: Yes No

_____

Emergency Contact Name: _____

Phone: _____   Relationship: _____

Certification of Application

"I certify that all information submitted by me on this application is true and complete. I understand that if any false information, omissions or misrepresentations are discovered my application may be rejected and active internship status may be terminated."

Applicant Printed Name:_____

Applicant Signature: _____ Date: _____