



Gulfarium C.A.R.E. Center Internship Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone ()	E-mail Address		
Are you able to provide your own reliable transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Which session are you applying for?			
Do you have any physical limitations?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, explain:	
Are you able to lift 50lbs?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you a citizen of the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, are you authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever worked for this company?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, when?	
Have you ever been convicted of a felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, explain:	

EDUCATION	
Highest Level of Education Completed	<input type="checkbox"/> High School Diploma / GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD <input type="checkbox"/> Other
<i>*Optional information</i>	
School	City State
Actual or Projected Graduation Date*	Field of Study*

ACADEMIC CREDIT	
If selected, will you be receiving academic credit for your time? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>If receiving credit, fill out information below. *Please note we do not offer community service court-appointed opportunities.</i>	
Advisor/Superior's Name	Title
Advisor/Superior's Mailing Address	
City	State Zip
Email	Phone Fax



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Please list any special skills, training, or certifications:

PREVIOUS EMPLOYMENT OR VOLUNTEER EXPERIENCE

Company		Phone ()	
Address		Supervisor	
Job Title	From	To	<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> VOLUNTEER
Responsibilities			
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Company		Phone ()	
Address		Supervisor	
Job Title	From	To	<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> VOLUNTEER
Responsibilities			
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Company		Phone ()	
Address		Supervisor	
Job Title	From	To	<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> VOLUNTEER
Responsibilities			
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a position as a volunteer, I understand that false or misleading information in my application or interview may result in my release of duty as a volunteer for the Gulfarium C.A.R.E. Center.

I agree to abide by Gulfarium C.A.R.E. Center's policies and procedures as well as rules and regulations set forth in the Volunteer Handbook in conjunction with Florida Fish & Wildlife Commission's Sea Turtle Permit Holder Policies. Failure to do so will result in immediate release of volunteer duties.

Signature _____ Date _____

Please include responses to the following questions in your application submission packet:

1. What are your opinions regarding animals under human care?
2. What do you hope to gain from this experience?
3. What interests you the most about the Gulfarium C.A.R.E. Foundation?

Mail application to: Gulfarium C.A.R.E. Foundation • Attn: Medical & Stranding Coordinator • 1010 Miracle Strip Pkwy SE • Fort Walton Beach, FL 32548

Email complete application (scanned or pdf documents) to: care@gulfarium.com