



Florida Keys Wild Bird Rehabilitation Center

Mission Wild Bird Hospital + Laura Quinn Wild Bird Sanctuary

Internship Application

Contact Information

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Email: _____

Availability

Date Available to Start: _____

Anticipated End Date (Minimum 6mo. Commitment): _____

*Requested Vacation – If time off is required that conflicts with your internship dates 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.

Driving Information

Do you have a valid driver's license?: No ☐ Yes ☐

State of Issuance: _____ Expiration Date: _____

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

Year Make and Model: _____

*Do you feel comfortable driving a medium sized truck? No ☐ Yes ☐

*A FKWBC pick up truck is used daily for "fish runs" and for bird rescues.

Supplemental Questions

Can you lift at least 50lbs? No ☐ Yes ☐

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

Zoonoses (aka Zoonotic Diseases) are caused by infections that are shared between animals and people. Are you comfortable working with animals understanding the possible risks of Zoonoses? No ☐ Yes ☐

Emergency Information

Do you have any allergies or health limitations that may inhibit your ability to work as an intern? If yes, please explain. No ☐ Yes ☐ _____

Emergency Contact Name: _____

Phone: _____ Relationship: _____

References

Reference #1 Name: _____ Relationship: _____

Phone: _____ Email: _____

Reference #2 Name: _____ Relationship: _____

Phone: _____ Email: _____

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: _____

Please send completed application to emily@keepthemflying.org with your resume and cover letter.