



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 Bayleigh MacHaffie at bayleigh@keepthemflying.org

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**

*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**

Why would you like to intern with FKWBC?

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: _____

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: _____