**Dolphin Quest Bermuda - Internship Application**

*Please fill in the following information and rename the file with your full name when saving this document:*

|  |  |
| --- | --- |
| **Full Name** |  |
| **Street Address** |  |
| **City** |  |
| **State** |  |
| **Zip Code/Country Code** |  |
| **Country** |  |
| **Citizenship** |  |
| **Cell Phone Number** |  |
| **Email** |  |

|  |  |
| --- | --- |
| **University** |  |
| **Major** |  |
| **Graduation Date or Expected Graduation Date** |  |

|  |
| --- |
| **Describe specialized training or certifications (CPR/First Aid), apprenticeships, skills (swimming) and/or extracurricular activities, involvement in organizations (IMATA, AZA) that are relevant.** |
|  |

*Session Preference (please check):*

|  |  |
| --- | --- |
|  | **2017 – Session 1 (5/15/17 to 9/8/17) - Training** |
|  | **2017 – Session 1 (5/15/17 to 9/8/17) - Education** |
|  | **2017 – Session 2 (9/11/17 to 1/12/18)** |

*Internship Program Preference (please check):*

|  |  |
| --- | --- |
|  | **Marine Mammal Training Internship** |

***I have noted the beginning and ending dates of this program, have checked my college schedule, and understand that I am committing to complete the entire program. I further understand that not completing the commitment will result in an incomplete for the internship.****Please type your initials here \_\_\_\_\_\_\_\_\_\_\_*

|  |  |  |
| --- | --- | --- |
| **Reference Name** | **Phone Number** | **Email** |
|  |  |  |
|  |  |  |

*How did you hear about our internship program? Please check all that apply.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Internet search (Google, Bing, etc.) |  | IMATA – web site or at conference |
|  | Participation at Dolphin Quest |  | Other organizations (like IMATA) |
|  | Word of mouth |  | Other (please list details below) |