

IEAS Intern Application

Please include a copy of your transcript (official or unofficial), copy of your driver's license, 3 letters of reference and a cover letter and resume. More information can be found at:

<http://www.bigcat.org/education/internprogram>

Desired session: _____

Desired length: ___ 3 month ___ 6 month

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home#: _____ Work: _____ Cell: _____

E-Mail Address: _____

Date Of Birth: _____ Driver's License: _____

Married: Yes No

Education: _____

Expected Graduation Date: _____

List three references. If you have previously been a Volunteer, or an Intern, please include one reference from that organization.

Name	Address	Phone
------	---------	-------

1.

2.

3.

Work Experience:

Current employer: _____

Address: _____

City: _____ State: _____ Zip _____

Position: _____ Hours per week? _____

Duties: _____

Volunteer:

Have you ever volunteered before? Yes No

Where _____

What were your duties? _____

How Long? _____ Hours/day? _____ Days/week? _____

Are you still a volunteer? _____

If no, why not? _____

Intern:

Have you ever done an internship? Yes No

Where: _____

How Long? _____ Hours/day? _____ Days/week? _____

What were your duties? _____

Animal Experience:

Do you have any experience with animals? Yes No

(Explain)_____

Have you ever trained an animal? Yes No

If yes, what animals?_____

What kind of training?_____

Have you ever interacted with any wild animal? Yes No

If yes, explain the circumstances_____

Do you have cats in your home as pets? Yes No

Do you have an aversion to certain animals? Yes No

If yes, specify_____

You may use an extra page if necessary for any of the following questions.

Why are you interested in the internship at IEAS?

Please list special skills, Education, Training:_____

How did you hear about this internship?_____

Hobbies, Interests:_____

Personal Information:

Auto Insurance Carrier _____

Circle all that Apply: Collision Liability

Have you ever been convicted and / or placed on probation for any criminal offenses? Yes No

If Yes, provide dates and detailed information.

To ensure the safety of our staff, and our felines, it is necessary to have the following information from you:

Would you submit to a drug test? Yes No Initials: _____

Are you immune-compromised? (Chemotherapy patient, or any disease affecting your immune system) Yes No

Do you have any allergies? _____
(Specify) _____

Have you ever had a tetanus shot? Yes No When: _____

Have you ever had a T.B. test? Yes No When: _____

Do you have any chronic viral infections such as cold sores or hepatitis? Yes No

Specify: _____

Do you have, or have you had, any chronic respiratory problems? Yes No

Do you have any history of medical problems or do you take any prescription medications? Yes No

Specify: _____

If yes, will this affect the job you will do? Yes No

Medical Contact:

Doctor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax: _____

Emergency Contact:

Name: _____ Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____

Signature: _____ Date: _____

I verify that everything I have stated in this application is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

Mail to:
International Exotic Animal Sanctuary
Attn: Intern Program
P.O. Box 637
Boyd, TX 76023