



Florida Keys Wild Bird Rehabilitation Center

Mission Wild Bird Hospital + Laura Quinn Wild Bird Sanctuary

Avian Care Internship Application

Please submit completed application along with resume, cover letter, and three professional references to careers@keepthemflying.org with the subject line "Avian Care Intern - Your Name"

Contact Information

Name: _____ Pronouns: _____ DOB: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Availability (6 Month Commitment)

Date Available to Start: _____ Anticipated End Date: _____

Requested Vacation (If time off is required that conflicts with your internship, 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.*

Why would you like to intern with FKWBC?

Driving Information

Do you have a valid U.S. driver's license? [Yes](#) [No](#) State: _____ Expiration Date: _____

Driver's License number: _____

Do you own or have access to a personal vehicle? [Yes](#) [No](#)

A personal vehicle is required for this internship.

Do you feel comfortable driving a large sized pickup truck? [Yes](#) [No](#)

Additional Questions

Can you lift at least 50lbs? [Yes](#) [No](#)

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

Are you comfortable working with animals understanding the possible risks of Zoonoses? [Yes](#) [No](#)

**Zoonoses (aka Zoonotic Diseases) are caused by infections that are shared between animals and people.*

Emergency Information

Do you have any allergies or health limitations that may inhibit your ability to work as an intern?

If yes, please explain: [Yes](#) [No](#)

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: _____