



# 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 Deja Canter at [careers@keepthemflying.org](mailto:careers@keepthemflying.org)\*

### Contact Information

Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Availability (Minimum 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?

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## 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 strongly recommended 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.*

Would you prefer to work more in the Sanctuary or Hospital? [Sanctuary](#) [Hospital](#) [No Preference](#)

## 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: \_\_\_\_\_