



**Internship
Application**

1283 Almshouse Rd
Doylestown, PA 18901

www.BarnNatureCenter.org
BarnNatureCenter@gmail.com

~PLEASE PRINT CLEARLY~

Name: _____ Age: _____
Address _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work/Cell Phone: _____
E-mail Address: _____ Fax Number: _____

Work Status

Working **Not Working** **Retired**

Current employer or organization you retired from: _____

Job title and Responsibilities: _____

Supervisor Name and contact #: _____

May we contact this person as a reference? _____

Education: _____

Student

Name of school or college: _____

Degree: _____

Special Skills/Experience (check all that apply and describe)

Animal Care (domestic pets or exotic wildlife): _____

Working with children/Education: _____

Public speaking: _____

Rock Climbing/Belay Certification: _____

Office/Clerical/Customer Service: _____

Interests

Please check off any of our Programs/Activities that interest you:

- | | | |
|--|--|---|
| <input type="checkbox"/> Animal Care | <input type="checkbox"/> Guided Tours | <input type="checkbox"/> Birthday Parties |
| <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Team Building | <input type="checkbox"/> Toddler Time |
| <input type="checkbox"/> Nature Explorer Workshops | <input type="checkbox"/> Summer Camp | <input type="checkbox"/> Kayaking |
| <input type="checkbox"/> Outreach Presentations | <input type="checkbox"/> Night at the Barn | <input type="checkbox"/> Hiking |

Why do you want to complete your internship at the Barn Nature Center? _____

Availability

I can start on: _____ (date). My internship will end on _____ (date).

I am happy to continue on volunteering after my internship is over.

I am interested in coming in (select one):

___ days per week ___ days per month Other _____

Days available:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours available Morning Afternoon Evening

Comments: _____

Emergency Contact Information

Contact Name _____ Relationship _____

Home Phone _____ Work Phone _____

Alternate Contact Name _____ Relationship _____

Home Phone _____ Work Phone _____

Please list two references

1. Name _____ Relationship _____

Home Phone _____ Work Phone _____

2. Name _____ Relationship _____

Home Phone _____ Work Phone _____

Intern Signature

I understand that as an Intern I will not receive monetary compensation or benefits for my services. I give my consent to be photographed in volunteer activities and for the photographs to be used for the Barn Nature Center purposes.

Signature: _____ Date: _____

~~~~~For Office Use Only~~~~~

|                      | Date |                          | Date |                      | Date |
|----------------------|------|--------------------------|------|----------------------|------|
| Application Received |      | Interview                |      | Orientation Attended |      |
| Copy to Director     |      | Child Abuse Clearance    |      | Started Date         |      |
| Copy to H.R.         |      | Background Check cleared |      | End Date             |      |