



PH: (305)451-1993 Fax: (305)451-3710 *www.dolphinsplus.com* www.facebook.com/dolphinspluspage

Veterinary Internship Application

Thank you for your interest in the veterinary internship program at Dolphins Plus. Please fill out each category completely. If your response exceeds the allotted space, feel free to attach additional documentation as necessary. Upon the receipt of your application, transcripts, letters of recommendation, and application fee, you will be contacted by one of our intern coordinators via email.

APPLICANT INFORMATION:

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

EDUCATION:

College/University: _____

Major/Minor: _____ Years Completed: _____

GPA: _____ Expected Graduation Date: _____

Please list all extra-curricular activities you are currently involved in:

BACKGROUND INFORMATION:

Date of Birth: _____ Primary Language: _____

Sex: M____F____ Hometown: _____

SCUBA Certified (not required): _____ If yes, year certified? _____

Computer Skills (e.g. Excel, SPSS, Word): _____

Have you ever been arrested or convicted of a felony? _____
(If yes, please explain)

Do you have any medical conditions the Internship Coordinators should be aware of (e.g. asthma, back pain, allergies, diabetes, pregnancy)?

If yes, are you currently taking medication for these conditions?

When will you be available to participate in the internship (8-week minimum – dates listed below)?

Please answer the following questions accurately and completely. Your responses are not limited to the spaces provided below.

1. Describe your career goals.

2. How would a veterinary internship at Dolphins Plus assist you in obtaining your career goals?

3. What are your views on zoos and aquariums?

4. Please describe all previous personal and professional experience with animals.

5. Are you proficient in Microsoft Office applications?
6. What do you consider your biggest accomplishment?
7. What do you expect to gain from an internship at Dolphins Plus?
8. Why should we select you for our internship program?
9. Describe any veterinary/medical experience you have obtained?
10. How did you hear about this internship?

The undersigned acknowledges that all information on this application is true to the best of his/her knowledge.

Signature: _____ Date: _____

INTERNSHIP DATES:

Spring 201__ (mid-February to mid-May) Deadline to apply: November 15	Fall 201__ (mid-August to mid-November) Deadline to apply: May 15
Summer 201__ (mid-May to mid-Aug) Deadline to apply: February 15	Winter 201__ (mid-Nov to mid-Feb) Deadline to apply: August 15

APPLICATION CHECKLIST:

Documents must be sent all together in one package. Please allow enough time prior to deadline.

_____ Application Form

_____ Cover Letter

_____ Resume/CV

_____ Current Transcript(s) unofficial can be provided initially but an official copy must follow

_____ Recommendation Letters (2)*

_____ Application Fee(s): \$25.00 for one internship program, \$40.00 for two (e.g. Animal Care and Research) personal check, money order, credit card, or cashier's check

_____ Recent Photo

* Please ask your references to provide you with a letter of recommendation in a sealed envelope with the reference's signature on back of the seal. All letters must be sent on letterhead and must include a valid signature. These should be mailed in together with completed application package.

PLEASE MAIL ALL APPLICATION MATERIALS TO:

Veterinary Intern Coordinator:
Dolphins Plus
31 Corrine Place
Key Largo, FL 33037

For questions, please e-mail: animalhealth@dolphinsplus.com