

Please submit completed form to:
Medicine River Wildlife Centre
info@mrwc.ca

I AM APPLYING FOR AN INTERNSHIP DURATION OF:

3 Months

4 Months

5 Months

6 Months

Specify Which Months (May through October) _____

CONTACT INFORMATION

First Name:

Last Name:

Address:

City:

Province/State:

Country:

Postal Code/ZIP:

Email:

CERTIFICATION

Are you 18 years of age or over?

Do you have a valid driver's license/international license?

Do you have any health concerns?

Do you have valid health care/insurance?

Do you have a valid visa (international only)?

GETTING TO KNOW YOU

What language(s) do you speak?

Why are you interested in this internship and what do you hope to gain from the experience?

What level of education/training do you have?

Do you have any experience with animal care? If so, tell us about it.

How will you deal with living remotely, both in being away from family and friends, and living a distance from a large urban centre?

What other skills will you bring?

APPLICATION AGREEMENT

I, hereby agree to act as a staff member of Medicine River Wildlife Centre and undertake all the responsibilities that come with this intern position. I have read and understand the information sheet and completion list.

Intern's Signature:

Date:

**** PLEASE ATTACH YOUR CURRENT RESUME/CV. ****

Emergency Contact
Name:

Emergency Contact
Number: