



CAROLINA  
WILDLIFE CARE

## CAROLINA WILDLIFE CARE INTERNSHIP APPLICATION

**Thank you for your interest in an internship at Carolina Wildlife Care!** This internship not only provides a comprehensive look at the inner workings of a wildlife rehabilitation center, but offers valuable insight into the importance of wildlife conservation.

All internship positions at CWC are unpaid. Applicants must provide their own transportation and housing. Interested applicants should send cover letter, application, and resume to

**Joanna Weitzel, Executive Director**  
Carolina Wildlife Care  
5551 Bush River Road  
Columbia, SC 29212  
jweitzel@carolinawildlife.org

Once your application is received and reviewed, you will be contacted for a phone or personal interview.

### PLEASE PRINT CLEARLY

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

School \_\_\_\_\_ Completion Date \_\_\_\_\_

Major/Minor \_\_\_\_\_

For which internship are you applying?

\_\_\_\_\_ **MKT & COMMUNICATIONS:** Please select \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER \_\_\_\_\_ FALL

\_\_\_\_\_ **BUSINESS ADMINISTRATION:** Please select \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER \_\_\_\_\_ FALL

\_\_\_\_\_ **GRAPHICS DESIGN:** Please select \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER \_\_\_\_\_ FALL

\_\_\_\_\_ **ENVIRONMENTAL EDUCATION:** May 30<sup>th</sup>- July 2<sup>nd</sup> (25 hours/week for 5 weeks)

#### **Environmental Education Interns only:**

Date of last Tetanus Immunization \_\_\_\_\_

Will you require any time off during the internship period?

\_\_\_\_ Yes \_\_\_\_ No      If yes, please list date(s) and explanation below

\_\_\_\_\_

**ALL Intern Applicants:**

Describe the most relevant experience that has prepared you for this internship

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What characteristics will make you an asset to Carolina Wildlife Care?

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How did you learn about this internship?

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Are you receiving academic credit for this internship? \_\_\_ Yes \_\_\_ No

If yes, is there paperwork CWC has to complete? \_\_\_ Yes \_\_\_ No

Please include contact information and an address where a final evaluation can be mailed or emailed.

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Please write your name below as it should appear on your name tag (first and last names):

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List (3) references, preferably a combination of work and/or school related, for us to contact.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

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