

# Zoology Intern Program

Department of Education

## Would you like to . . .

- Learn about animals and the natural world?
- Help people learn new ideas and how to relate to wildlife?
- Become active in your environment?
- Develop valuable leadership skills?

If so, then the Montgomery Zoo/Mann Museum Intern program may be just what you're looking for!

## Montgomery Zoo Interns must show . .

- A long lasting interest in wildlife and the environment.
- The desire and ability to teach others.
- A commitment to the internship training and research process.

## Requirements to Become an Intern:

### An applicant must:

1. Be at least 18 years of age (*No exceptions*).
2. Have an exceptional interest in animals and the environment.
3. Make a 15 week commitment as an educational volunteer/intern.
4. Have at least 15 quarter or semester hours of college level biology.

### If selected he/she must:

1. Work a minimum of twenty (20) hours each week for fifteen (15) consecutive weeks.
2. Be available at 8am at least 2-3 weekdays. Afternoon/weekend internships are not available
3. Conduct and complete a research project working directly with the Curator of Education, Conservation and Research Manager and the Animal Care staff.
4. Attend and participate in docent meetings that convene during internship.
5. Report results from a TB test within two weeks of acceptance at their own cost.
6. Adhere to all rules and regulations imposed by the zoo, Mann Museum and the department of education.
7. Be responsible for purchasing the training manual and at least one short sleeve uniform shirt (\$40.00) and be responsible for having their name embroidered on all uniform shirts.
8. Be responsible for providing their own uniform pants and shorts while in service.
9. Be responsible for providing their own transportation to and from the zoo.
10. Be responsible for providing their own lunch while at the zoo with exceptions being made for special events.

## To Apply

1. Applicant must complete this application in full.
2. Applicant must have their school send official transcripts to the Montgomery Zoo Department of Education.
3. Applicant must provide two academic references which must be submitted with application.
4. Every part of the application is important, as the materials will be reviewed as a whole. The application and references will be screened by an advisory board.
5. Interviews will be scheduled for those applicants who best meet the criteria listed previously in the "Requirements" section.
6. Deliver completed application to: Department of Education, Montgomery Zoo  
PO Box 3313  
Montgomery, Alabama 36109  
or fax it to (334) 240-4916

## Application Deadlines

*Session:*

*Application Deadline:*

Spring Semester (January-May)	December 7, 2016 by 4:00pm
Summer Semester (May-August)	April 27th, 2017 by 4:00pm
Fall Semester (August-December)	July 27th, 2017 by 4:00pm

## Important Notations

- This is NOT a paid internship. The internship offered by the Montgomery Zoo/Mann Museum is experience based and can count for full college credits with professor and/or institution approval.
- Schedule will be determined after the interview and acceptance.
- Interns MUST be available to work at 8am at least 2-3 weekdays. Animals must be cared for first thing in the morning. There are no afternoon/weekend internships.
- Internships are based on college semesters: Spring, Summer and Fall



# Intern Application

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Level of education completed: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other #: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

What languages other than English do you speak?  
\_\_\_\_\_

School name: \_\_\_\_\_ Advisor: \_\_\_\_\_  
School Address: \_\_\_\_\_  
School Phone #: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you hear about the Intern program? \_\_\_\_\_

**Brief Medical History (This information is voluntary and used for emergency purposes only. It is not used for acceptance criteria.)**

Name of physician/Clinic: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ City: \_\_\_\_\_  
Allergies: (to food, drugs, insects, etc.) \_\_\_\_\_  
Other known medical conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency contact persons:**

1. Name: _____	2. Name: _____
Relationship: _____	Relationship: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____

