



Great Lakes Aquarium

HUSBANDRY DIVER INTERN APPLICATION

We consider applications for all volunteer opportunities without regard to race, color, religion, creed, gender, national origin, age, disability marital or veteran status, sexual orientation or any other legally protected status.

The information contained in this application will be considered personal and confidential and used only in conjunction with your enrollment into our Intern or Volunteer Program.

Please furnish us with complete information.

Last name: _____ First name _____ Middle initial _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ e-mail: _____

Position you are seeking, if known: _____

EMERGENCY CONTACT:

Full name: _____ Relationship: _____

Work phone (+area code): _____ Home phone (+ area code): _____

Address: _____ City: _____ State: _____ Zip _____

EDUCATION AND TRAINING

School	School Name	Major/Course of Study	Diploma, Degree or Certificate Received
High School			
College or University			
Graduate School			
Vocational, Business, Trade School or Other			

Are there any groups with whom you would not feel comfortable working? No _____ Yes _____

Briefly give the group and reason: _____

Do you speak a foreign language fluently? No _____ Yes _____

Do you have any specialized skills or training? If so, in what area? _____

Do you have any physical limitations that might limit your ability to perform certain types of work?

No _____ Yes _____ If yes, please explain: _____

DIVER CERTIFICATION: Please attach a copy of your certification card to this form.

Are you a certified diver? No _____ Yes _____

If you are a certified diver can you provide a log of your dives? No _____ Yes _____

Have you had at least 10 open water dives, 3 being in cold water (60°F)? No _____ Yes _____

VOLUNTEER EXPERIENCE: Have you ever volunteered before?

Name of Organization1:

Name of Organization2:

Dates:

Dates:

Volunteer Position:

Volunteer Position:

Supervisor:

Supervisor:

Hours per month:

Hours per month:

Total hours:

Total hours:

Please list any membership you may have within a club or organization:

How did you learn about the Great Lakes Aquarium (GLA) Internship Program?

WORK EXPERIENCE

Are you currently employed?

Previous Employer:

Employer:

Supervisor:

Supervisor:

Phone Number:

Phone Number:

May we contact this person?

May we contact this person?

Job Title and responsibilities:

Job Title and responsibilities:

Employed from _____ to _____ .

Employed from _____ to _____ .

Average hours per week:

Average hours per week:

REFERENCES

Please list two non-family references acquainted with your personality and work.

Name _____ Telephone Number _____ Years Known _____

Name _____ Telephone Number _____ Years Known _____

ADDITIONAL INFORMATION:

Why are you interested in interning at the Great Lakes Aquarium? _____

What do you hope to gain from your internship? _____

Do you have any goals to achieve during your internship?

What forms of recognition, for your volunteer contribution, are most valuable to you?

IMPORTANT - READ BEFORE SIGNING

Read the following statements carefully before you sign this enrollment form.

I hereby certify Great Lakes Aquarium and any agent acting on its behalf to conduct an inquiry into any volunteer position related information contained in this application, including, but not limited to my records maintained by an educational institution relating to academic performance. I hereby authorize all current and previous employers or volunteer agencies (unless otherwise noted) to release any information in their files pertaining to my employment and volunteer history, including, but not limited to, the nature of my employment/enrollment wages, attendance records, performance reviews and disciplinary actions.

I certify that all of the statements by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false information or omission of information from this application may be cause for rejection, or dismissal if enrolled into the Volunteer Program.

I understand that Great Lakes Aquarium makes no promise or agreement to enroll me for a certain period of time. If I am enrolled, Great Lakes Aquarium may terminate my involvement at any time with or without cause, for any lawful reason. Also, any Great Lakes Aquarium Volunteer is free to terminate his or her enrollment at any time. I also understand that I will not be paid for my services as a volunteer at the Aquarium.

Signature of Applicant: _____

Date: _____

Intern Applicant Questionnaire

Name:
Term applied for:

	Yes	No	Comments
Can you lift 25 pounds on a regular basis and overhead?			
Can you lift 50 -70 pounds without major strain?			
Are you physically able to climb?			
Are you sensitive to smells (mild to strong)? If yes, what?			
Are you sensitive to the sight of blood (yours or others)? If yes, what kind of reaction can we expect? _____			
Do you have any allergies? _____			
Can you move easily, quickly and without trouble?			
Do you have health concerns that we should be aware of?			
Do you feel comfortable peeling shrimp, cutting fish, mice, rats, chicken or quail?			
Do you feel comfortable using a knife?			
Do you feel comfortable dealing with bugs, including crickets, worms, cockroaches, praying mantis, etc.?			
Do you feel comfortable working with birds?			
Do you feel comfortable working with reptiles, such as snakes and turtles, or amphibians, such as salamanders and frogs?			

Please check which internship you would prefer. Please also note any restrictions.

Aquarist (aquatic care-freshwater & saltwater fish) _____

Animal Care (terrestrial care-mammals, amphibians, birds, reptiles) _____

Notes: _____

Please write your availability here:



Great Lakes Aquarium

353 Harbor Drive Duluth MN 55802

218-740-3474

The following named individual has made application with Great Lakes Aquarium for a position in our Husbandry Internship Program.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full) (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____

Sex (M or F)

Month/Day/Year

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to Great Lakes Aquarium or its agents for the purpose of approving my Application to become a Volunteer.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant _____ **Date** _____

DIVING MEDICAL HISTORY FORM

(To Be Completed By Applicant-Diver)

Date ____/____/____
(Mo/Day/Yr.)

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Sex _____ Age _____ Wt. _____ Ht. _____ Glasses or contacts _____

TO THE APPLICANT:

Scuba diving makes considerable demands on your physical and emotional condition. Diving with particular defects amounts to asking for trouble not only for yourself, but to anyone coming to your aid if you get into difficulty in the water. Therefore, it is prudent to meet certain medical and physical requirements before beginning a diving or training program. Obviously, you should give accurate information or the medical screening procedure becomes useless.

This form shall be kept confidential. If you believe any question amounts to invasion of your privacy, you may elect to omit an answer, provided that you shall subsequently discuss that matter with your own physician and he/she must then indicate, in writing, that you have done so and that no health hazard exists.

Should your answers indicate a condition, which might make diving hazardous, you will be asked to review the matter with your physician. In such instances, his/her written authorization will be required in order for further consideration to be given to your application. If your physician concludes that diving would involve undue risk for you, remember that he/she is concerned only with your well-being and safety. Respect the advice and the intent of this medical history form.

Yes No 1. Have you ever had epilepsy (seizures)?

Yes No 2. Do you faint or have blackout spells?

Yes No 3. Have you ever been addicted to drugs?

Yes No 4. Do you have diabetes?

- Yes No 5. Do you suffer from motion sickness or sea/air sickness?
- Yes No 6. Are you prone to claustrophobia?
- Yes No 7. Have you ever had a nervous breakdown?
- Yes No 8. Are you pregnant?
- Yes No 9. Do you suffer from menstrual problems?
- Yes No 10. Do you get anxiety spells or hyperventilation?
- Yes No 11. Do you get frequent sour stomachs, nervous stomachs or vomiting spells?
- Yes No 12. Have you ever had a major operation?
- Yes No 13. Are you presently being treated by a physician?
- Yes No 14. Are you taking medication regularly?
- Yes No 15. Have you ever been rejected or restricted from sports?
- Yes No 16. Do you have frequent and severe headaches?
- Yes No 17. Do you wear dental plates?
- Yes No 18. Do you wear glasses or contact lenses?
- Yes No 19. Do you have any bleeding disorders?
- Yes No 20. Have you ever had any problems relating to diving?
- Yes No 22. Do you suffer from nervous tension or emotional problems?
- Yes No 23. Do you sometimes take tranquilizers?
- Yes No 24. Have you ever had perforated ear drums?
- Yes No 25. Do you have hay fever?
- Yes No 26. Do you have frequent sinus trouble, frequent drainage from the nose, post-nasal drip, or stuffy nose?

- Yes No 27. Do you get frequent earaches?
- Yes No 28. Do you have drainage from the ears?
- Yes No 29. Do you have difficulty with your ears in airplanes or mountains?
- Yes No 30. Have you ever had ear surgery?
- Yes No 31. Do you have ringing in your ears?
- Yes No 32. Do you get frequent dizzy spells?
- Yes No 33. Do you have any hearing problems?
- Yes No 34. Do you have trouble equalizing pressure in you ears?
- Yes No 35. Have you ever had asthma?
- Yes No 36. Have you ever had wheezing attacks?
- Yes No 37. Do you have a chronic or recurrent cough?
- Yes No 38. Do you frequently raise sputum?
- Yes No 39. Have you ever had pleurisy?
- Yes No 40. Have you ever had a collapsed lung (pneumothorax)?
- Yes No 41. Do you have lung cysts?
- Yes No 42. Have you had pneumonia?
- Yes No 43. Have you ever had tuberculosis?
- Yes No 44. Do you get shorter of breath than most people?
- Yes No 45. Have you ever been told that you have a lung problem or abnormality?
- Yes No 46. Do you ever spit blood?
- Yes No 47. Do you ever have breathing difficulty after eating particular foods, after exposure to particular pollens or animals?
- Yes No 48. Are you subject to bronchitis?

- Yes No 49. Have you ever had subcutaneous emphysema (air under the skin)?
- Yes No 50. Have you ever had an air embolism after diving?
- Yes No 51. Have you ever had rheumatic fever?
- Yes No 52. Have you ever had scarlet fever?
- Yes No 53. Have you ever been told you have a murmur?
- Yes No 54. Have you ever been told you have a large heart?
- Yes No 55. Have you ever had high blood pressure?
- Yes No 56. Have you ever had angina (heart pains or pressure in the chest)?
- Yes No 57. Did you ever have a heart attack?
- Yes No 58. Do you ever have low blood pressure?
- Yes No 59. Do you have recurrent or persistent swelling of the legs?
- Yes No 60. Have you ever had pounding, rapid heartbeat or palpitations?
- Yes No 61. Have you ever had dizziness or fainting spells?
- Yes No 62. Do you get fatigued or short of breath easily?
- Yes No 63. Have you been told you had an abnormal EKG?
- Yes No 64. Do you suffer from joint problems, dislocations or arthritis?
- Yes No 65. Have you ever had back trouble or back injuries?
- Yes No 66. Have you ever had a ruptured or slipped disk?
- Yes No 67. Do you have any limiting physical handicaps?
- Yes No 68. Do you suffer from muscle cramps?
- Yes No 69. Do you have varicose veins?
- Yes No 70. Do you have any amputations?

Yes No 71. Have you ever had a head injury causing unconsciousness?

Yes No 72. Have you experienced any paralysis?

Yes No 73. Have you ever had an adverse reaction to medication?

Yes No 74. Do you smoke?

Yes No 75. Have you ever had any other medical problems not listed? If so, please list or describe below.

Please write any additional comments here.
