



# Great Lakes Aquarium

## Water Quality INTERN APPLICATION Internship Schedule

**Winter Internship:** Begins January, ends in the end of May  
Applications accepted until *December 1*

**Summer Internship:** Begins May, ends in the end of August or September  
Applications accepted until *April 1*

**Fall Internship:** Begins September, ends the week of December 20  
Applications accepted until *August 1*

**\*\*Applications accepted until the positions are *filled*.**

Last name: \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

### 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: \_\_\_\_\_

\_\_\_\_\_

**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:

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

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**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?

\_\_\_\_\_

**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.**

**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 Questionnaire

Name:  
Term applied for:

			Comments
Can you lift 25 pounds on a regular basis and overhead?	Yes	No	
Can you lift 50 -70 pounds without major strain?	Yes	No	
Are you physically able to climb?	Yes	No	
Are you sensitive to smells (mild to strong)? If yes, what?	Yes	No	
Are you sensitive to the sight of blood (yours or others)? If yes, what kind of reaction can we expect? _____	Yes	No	
Do you have any allergies? _____	Yes	No	
Can you move easily, quickly and without trouble?	Yes	No	
Do you have health concerns that we should be aware of?	Yes	No	
Do you feel comfortable using a knife?	Yes	No	

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** \_\_\_\_\_



## Availability Schedule

NAME:

DATE of internship beginning:

DATE of internship end:

Mark what DAYS you are available to be here:

Monday	Tuesday	Wednesday	Thursday	Friday

\*Must commit to a minimum of *three days each week*. We require at least 6-8 hours per week. The start time each day is flexible, anytime between **10am-3:30pm**.