

SAINT LOUIS ZOO INTERNSHIP/EXTERNSHIP APPLICATION

Name _____
(Last) (First) (M)

Address _____ City _____ State _____ Zip _____

School Phone # () _____ Home Phone # () _____ E-mail _____

Program (please select one): Intern Extern

Preferred Internship/Externship dates: From: _____ To: _____

Are you currently enrolled in a college or university? YES _____ NO _____

If YES, What year: (e.g., Sophomore, Junior, Senior, Graduate Student): _____

Name/address of college or university:

Name/address/phone of faculty advisor:

Major/Area of study: _____

Expected graduation date: _____

Are you applying for credit through your college or university? YES _____ NO _____

If YES, how many credits: _____

Does your school require a report/response from the Zoo supervisor? YES _____ NO _____

REFERENCES (Educational or Business):

1. _____
Name Address City State Zip Area code & Phone

2. _____
Name Address City State Zip Area code & Phone

Please check the Internship/Externship Program of your interest:

- | | | |
|----------------------|--------------------------|-------------------|
| _____ Antelope | _____ Education Programs | _____ Insectarium |
| _____ Birds | _____ Herpetology | _____ Marketing |
| _____ Children's Zoo | _____ Human Resources | _____ Primates |
| _____ Development | | |

“An Equal Opportunity Employer”

I UNDERSTAND AND CERTIFY THAT:

- **THE INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT; AND MAY BE VERIFIED BY CONTACTING PERSONS OR ORGANIZATIONS NAMED IN THIS APPLICATION.**
- **I VOLUNTARILY OFFER MY SERVICES WITH A CLEAR UNDERSTANDING THAT THERE WILL BE NO MONETARY COMPENSATION OR PROMISE OF FUTURE EMPLOYMENT WITH THE SAINT LOUIS ZOO.**
- **I WILL ADHERE TO THE SAINT LOUIS ZOO AND THE SAINT LOUIS ZOO FRIENDS ASSOCIATION VOLUNTEER POLICIES AND PROCEDURES.**
- **I WILL READILY ACCEPT TRAINING AND SUPERVISION FROM ZOO STAFF AND ZOO VOLUNTEERS.**
- **I WILL BE COURTEOUS TO ALL ZOO VISITORS.**
- **I AGREE TO HAVE MY HOME ADDRESS AND HOME PHONE NUMBER PUBLISHED IN THE VOLUNTEER LIST AND MADE AVAILABLE TO SAINT LOUIS ZOO STAFF AND VOLUNTEERS.**

SIGNATURE

DATE

In consideration of the Zoological Subdistrict of the Metropolitan Zoological Park and Museum District (owners and operators of the Saint Louis Zoological Park located in Forest Park in the city of Saint Louis, Missouri) granting the undersigned the privilege of working as a volunteer at the Saint Louis Zoological Park, and recognizing and acknowledging the dangers and hazards in such volunteer work, and acknowledging that the Zoological Park staff has informed the undersigned of such dangers and hazards, the undersigned (and the Parent/Legal Guardian of the undersigned, if under 18 years of age) hereby promise and agree to refrain from any and all claims, actions, cause of actions, of any type whatsoever arising out of such volunteer work directly or indirectly, that the undersigned may have, or in the future may have, against the said Zoological Subdistrict, its employees, agents and servants, unless caused by the negligence or misconduct of one of said parties.

Signature of Intern/Extern

Date

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