



BERMUDA ZOOLOGICAL SOCIETY  
Bermuda Registered Charity #179

### INTERNSHIP APPLICATION FORM

Applicants should follow the procedure accurately and completely. Incomplete or late applications will not be considered.

- Ernest E. Stempel Internship** (Bermudian/PRC students only)     
 **James W. Babcock Internship Program** (American students only)     
 **John L. & Karen C. Pye Internship** (Canadian students only)

#### APPLICANT INFORMATION

Applicant's Full Name (Last, First, Middle Initial):		Date of Birth
Street Address:	City:	Post Code:
Email:	Home #:	Cell #:
University/College:	Advisor:	Current Year in School:
Emergency Contact Name (Last, First, Middle Initial):		
Street Address:	City:	Post Code:
Email:	Home #:	

#### PROGRAMME CHOICE

Indicate your programme choice in order of preference (1, 2, 3, etc.) and check the dates you will be available.

Programme	Preference	Dates Available		
Aquarium		<input type="checkbox"/> May 22-June 30	<input type="checkbox"/> July 3-Aug 11	<input type="checkbox"/> Aug 7-Sept 15
Zoo		<input type="checkbox"/> May 22-June 30	<input type="checkbox"/> July 3-Aug 11	<input type="checkbox"/> Aug 7-Sept 15
Animal Care & Quarantine		<input type="checkbox"/> May 22-June 30	<input type="checkbox"/> July 3-Aug 11	<input type="checkbox"/> Aug 7-Sept 15
Natural History and Conservation Research		<input type="checkbox"/> May 22-June 30	<input type="checkbox"/> July 3-Aug 11	<input type="checkbox"/> Aug 7-Sept 15
Education		<input type="checkbox"/> May 22-June 30	<input type="checkbox"/> July 3-Aug 11	<input type="checkbox"/> Aug 7-Sept 15
BZS Micro Forest & Mangrove Restoration		<input type="checkbox"/> May 22-June 30	<input type="checkbox"/> July 3-Aug 11	<input type="checkbox"/> Aug 7-Sept 15

SCARS Trained?: Yes  No

CPR/First Aid Certified?: Yes  No

SCUBA Certified? Yes  No

	Medical History	Yes	No		Medical History	Yes	No
1	Could you be pregnant or are you attempting to become pregnant?			16	History of drug or alcohol abuse?		
2	Do you regularly take prescription or non-prescription medications? (with the exception of birth control)			17	History of back, arm or leg problems following surgery, injury or fracture?		
3	Asthma, or wheezing with breathing, or wheezing with exercise?			18	Inability to perform moderate exercise (example: walking one mile within 12 minutes)?		
4	Frequent or severe attacks of hay fever or allergy?			19	History of high blood pressure or do you take medication to control blood pressure?		
5	Frequent colds, sinusitis or bronchitis?			20	History of any heart disease?		
6	Any form of lung disease?			21	History of heart attacks?		
7	Pneumothorax (collapsed lung?)			22	Angina or heart surgery or blood vessel surgery?		
8	History of chest surgery?			23	History of ear or sinus surgery?		
9	Claustrophobia or agoraphobia (fear of closed or open spaces)?			24	History of ear disease, hearing loss or problems with balance?		
10	Behavioral health problems?			25	History of problems equalizing (popping) ears with airplane or mountain travel?		
11	Epilepsy, seizures, convulsions or do you take medications to prevent them?			26	History of bleeding or other blood disorders		
12	Recurring migraine headaches or do you take medications to prevent them?			27	History of any type of hernia?		
13	History of diving accidents or decompression sickness?			28	History of ulcers or ulcer surgery?		
14	History of recurrent back problems?			29	History of colostomy?		
15	History of back surgery?						

Physician's name:	Contact #:
If Yes to any above, please explain:	

**Applicant MUST have medical insurance to participate.**

Name of Insurance Company:	Policy Number:
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It is essential that all interns have medical coverage for the period of internship, proof of which should accompany the intern. Neither BAMZ, BZS nor the ACP is responsible for any medical expenses incurred while in Bermuda.

- Completed application form
- Enclosed a résumé with two references
- Enclosed a transcript (it does not have to be an official copy)
- Attached a letter of interest stating your reasons for participating and desired personal outcome.

<b>Signature of Applicant</b>	<b>Date</b>