



Thank you for your interest in an intership with IDC. By filling out this application, you are one step closer to a truly life-changing experience. Once completed, please email it back to [danielle@idckeylargo.org](mailto:danielle@idckeylargo.org), and one of our team members will contact you very soon.

## General Information

Date  Date of birth

Applicant name

Nickname

Address

City  State  Zip

Phone  Fax  Email

I am applying for (check one)  Animal Care  Therapy Program

I understand I am applying for an unpaid internship

## Emergency Contact

Name

Phone  Relationship

## Educational Background - Check One

Enrolled in college

College name

Major

College grad

College name

Degree earned

Other

Please specify

## Questionnaire

Languages spoken

Do you have any physical, emotional, or medical conditions that would prevent you from performing the required duties of an intern?  Yes  No If yes, please describe

Have you been hospitalized for any of the above?  Yes  No If yes, please describe

Briefly describe how you were hoping to spend your time as an intern and what you hope to learn.

If you are interested in conducting a special project for school requirements during your internship, please describe your plans below. Internship responsibilities assigned by IDC staff must be first priority. *All projects must be approved prior to acceptance in the program.*

When would you like to intern at our facility?

Animal Care: (please check one)  Spring (Jan-May)  Summer (May-Sept)  Fall (Sept-Jan)

Therapy Program: please list any timeframes you are available to intern in order of preference.

*Internships are not available December – February for the therapy department.*

Please indicate the names of two individuals who will be sending letters of recommendation on your behalf (professional, scholastic, etc.):

1.

2.

Have you ever been arrested?  Yes  No If yes, please describe reason:

Have you ever been convicted of a crime?  Yes  No If yes, please describe reason:

Please describe your interest in dolphin-assisted therapy:

Tell us about yourself and include why you think this opportunity is best for you and IDC:

Please describe any volunteer work, special awards received, or applicable work experience you have participated in:

**Feel free to include any other information that will help us to make our selection, such as transcripts, resumes, or related experiences.**

## **CONFIDENTIALITY/NON-DISCLOSURE AGREEMENT**

When you begin your internship with Island Dolphin Care, Inc., you will have access to information that the corporation considers confidential. This includes proprietary information, client information, and intellectual property to which the corporation holds rights.

The purpose of this agreement is to remind you of this obligation and to put it into force. This document is intended to help you understand the nature of your obligation and that it is a continuing one. It is not intended to cast any doubt whatsoever on your integrity or reliability. If you have any questions prior to signing this document, please contact our Internship Coordinating Team.

**I attest that I have read the aforementioned document and that I understand and can abide fully by these rules and conditions. I understand that my signature signifies that I will follow Island Dolphin Care's philosophies, rules of confidentiality, responsibilities, and special project commitment.**

-----  
Intern name

-----  
Intern signature

-----  
Date

Island Dolphin Care, Inc., reserves the right to cancel or change the terms of an internship at any time. If you have any other questions, please feel free to contact Island Dolphin Care, Inc.