OREGON ZOO INTERN PROGRAM

APPLICATION FORM

☐ Curation & Mana	☐ Animal Behavior & Environmental Enrichment				nal Care ervation & Research	
Name:						
Home Address:						
Street Address	Address City		State		Zip code	
Home Phone:(Area c	ode) Number	E-mail:				
Mailing/School Address	s and Phone Numb	er (if differen	t from abo	ove):		
Street Address	City	State	Zip code		Phone number	
Academic Institution: _						
Academic Status:	□ Sophomore	□ Junior	☐ Ser	nior	☐ Graduate	
Quarter/Semester app			<i>C</i> / <i>I</i>	- 11		
Name to a constitution of		/inter/Spring/				
Number of credits you	pian to enroll for: ☐ 10 weeks				alea	
Length of term: I am available to begin						
I need to conclude my i	•					
Briefly state your plan						
I certify that the information falsification or misrepressionsideration or participa	entation of the info	rmation containe	ed herein w		•	
Applicant Signature		, , , , , , , , , , , , , , , , , , , 	Da	te		