



Intern Application

Application Date _____

Name _____

First

Middle

Last

Present Address _____

Off-Island Address _____

Home Phone _____ Cell Phone _____ E-mail _____

School _____ Phone _____

Major / Minor _____ Birth Date: _____

1st Emergency Contact Name _____ Relationship _____

Phone Number _____

2nd Emergency Contact Name _____ Relationship _____

Phone Number _____

How did you find out about the Aquarium's Intern program? _____

Do you have any physical limitations that you would like to share with us? _____

If so, please detail: _____

Requirements

- I am currently a student enrolled in studies at a College or University ____
- I will complete 75 hours of service while I am interning at MOC ____
- I have attached a resume and cover letter stating my interests ____
- I am at least 15 years old ____

References

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____
