Internship Application

Date: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Current Field of Study: _____

Emergency Contact Person: _____Phone: _____

Please list any health restrictions:

_____

Do you currently have health insurance? _____ Provider: _____

How did you hear about the internship? _____

Please list two references:

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Please complete a 1-2 page essay describing why you'd like to intern at the A.R.K. and send, along with this application, to:

A.R.K.
3878 S. Maple Valley Rd.
St. Helen, MI 48656
Or Email us at: krittermom@hotmail.com and name it Intern App.

Internship positions are voluntary, a stipend and/or college credit may be available. Reliable transportation is required.