



Internship Application
Wolf Conservation Center
P.O. Box 421 South Salem, NY 10590

Personal Information

Name: _____ Date of Birth: _____

Address: _____

Mobile: _____ Email: _____

Applying for: Fall ___ Spring ___ Summer ___ Other(specify): _____

Preferred hours per week? _____

Valid Driver's License: Yes _____ No _____ If Yes, will you have a vehicle _____

Education: High School: _____

College (Major): _____

Other trainings or certifications: _____

Work Experience: _____

Volunteer Experience: _____

Special Skills (Describe): _____

When are you available Monday – Sunday (9:00 – 5:00)?

In addition to this application, please include a formal letter of interest stating why you would like to do an internship at the Wolf Conservation Center, your resume and 3 references to be contacted.

Your application will not be reviewed if it is not complete and received prior to the internship term deadline.

CONFIDENTIAL

(this form of the application will be shredded upon completion of the background check)

Wolf Conservation Center, Inc. Employee/Intern Background Check Authorization and Release

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Gender (circle one): M / F

Current Address: _____
Street, City, State Zip Code

Previous Address from: (past five years)

Are you a citizen of the United States? YES NO *Please note: onsite volunteers are required to be US Citizens.

Social Security Number: *to be completed after acceptance* _____

Driver's License Number/State: *to be completed after acceptance* _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize the Wolf Conservation Center, Inc. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to the Wolf Conservation Center, Inc. or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release the Wolf Conservation Center, Inc. the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____ Date: _____

Upon acceptance into our internship program a staff member will send an invoice for the background check fee (\$25) via email. If there are any questions please contact our volunteer coordinator at Colin@nywolf.org.

If you are 18 years old or younger, you are NOT required to submit an application fee.

Thank you for your interest in our internship program.