



CRC REHABILITATION INTERNSHIP APPLICATION

Thank you for your interest in Carolina Raptor Center's Rehabilitation Internship Program. All internship positions at CRC are unpaid. Applicants must provide their own housing and transportation. Applicants must be at least 18 years old. Please note that all interns are required to have a current tetanus shot.

We have a heavy case load. **Please allow us up to two weeks** to review your application and follow up with your references in regards to your application. If you do not hear from us after two weeks, you may then contact us to follow up.

Date of Submission: ____/____/____

PERSONAL INFORMATION

Name: _____ Home Phone: _____
 Address: _____ Work Phone: _____
 _____ Cell Phone: _____
 City: _____ State: _____ Zip: _____
 Email: _____
 Date of birth: _____ Date of tetanus shot: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____
 Phone: _____

EDUCATION

High School: _____
 Years Completed: 1 | 2 | 3 | 4 City, State: _____
 Extracurriculars: _____

College: _____
 Years Completed: 1 | 2 | 3 | 4 City, State: _____
 Extracurriculars: _____

EXPERIENCE

Please list up to three positions or classes relevant to the internship program for which you are applying. These can be volunteer or paid. Briefly describe your work experiences.

1. _____

2. _____

3. _____

REFERENCES

Please list three references, preferably a combination of work and/or school related references. These can include, but are not limited to individuals working at any of the above-mentioned facilities.

1. Name: _____ Relation: _____
 Address: _____
 City, State: _____ Phone: _____
 Email: _____

2. Name: _____ Relation: _____
 Address: _____
 City, State: _____ Phone: _____
 Email: _____

3. Name: _____ Relation: _____
 Address: _____
 City, State: _____ Phone: _____
 Email: _____

INTERNSHIP SCHEDULE

Please select the season for which you are applying from the choices below:

Season	Commencement	Deadline
Winter / Spring	January	October 31
Summer	May / June	February 28
Fall	August / September	June 30

Listed below are weekly intern shifts. Please rank the shifts in order of preference with [1] being your first choice and so forth. If any shifts conflict with school or work, please mark an [X] under NO to indicate that you are ***not*** available during those times. Do not include these in your ranking. Please note that there will only be one intern per shift and that shifts will be assigned on a first-come, first-served basis. Depending on the time of year and total number of interns, the days and times may be adjustable.

Preference	NO	Days	Time
		Monday, Wednesday, Friday	8:00 am – 2:00 pm
		Monday, Wednesday, Friday	2:00 pm – close (around 8:00 pm)
		Tuesday, Thursday, Sat	8:00 am – 2:00 pm
		Tuesday, Thursday, Sat	2:00 pm – close (around 8:00 pm)

Interns work approximately 20 hours per week for 10 weeks, for a total of 200 hours.

ACADEMIC CREDIT

Are you receiving academic credit for this internship? Yes | No

If yes, is there paperwork CRC has to complete? Yes | No

Please provide the contact information of the teacher or professor approving the internship. Final evaluations will be sent by post or email to the address provided.

Name: _____
Institute: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____

PERSONAL REFLECTION

Please answer the following questions. You may provide additional information in the space provided for notes on the last page.

1. What goals are you seeking to accomplish during your time as a CRC intern?
2. Why have you applied for an internship at Carolina Raptor Center?
3. What contributions will make you an asset to Carolina Raptor Center?
4. Do you feel you work best in groups or alone? Explain.
5. How do you feel that you learn the best? For example, through hands-on experience, observation, reading written material?
6. How would you like your name to appear on your name tag? _____

INSTRUCTIONS FOR SUBMISSION

Please submit a current resume with your application.

APPLICATION MAY BE SUBMITTED VIA POST	APPLICATION MAY BE SUBMITTED VIA EMAIL
Carolina Raptor Center Carly Smith, Rehabilitation Coordinator P.O. Box 16443 Charlotte, NC 28297	csmith@carolinaraptorcenter.org
	FOR QUESTIONS OR APPLICATION FOLLOW-UP 704-875-6521 Ext. 213 for Carly Smith

Due to the poor quality of some faxes, we cannot accept faxed applications at this time.

NOTES OR ADDITIONAL INFORMATION