



## Tampa's Lowry Park Zoo Internship Position Application

Thank you for your interest in the Internship Program at Tampa's Lowry Park Zoo's. We are proud to offer thirty-two internship positions in eighteen departments. An internship at Tampa's Lowry Park Zoo is unique, and will offer a wide array of hands-on experience in your field of choice.

Application Instructions: In order to apply for an internship, please complete the application in full, submit a non-refundable \$25 application/processing fee along with your resume and cover letter. Please note that incomplete applications will not be considered. The "Applicant Checklist" at the end of your application may be helpful to ensure correct completion.

Additional Instructions: Animal Care Internship applicants are required to submit a copy of a negative TB test within the last 12 months, and copy of tetanus shot records within the last 5 years. Marketing, Public Relations and Special Events Planning applicants may be asked to complete a writing sample test. All Education Internship applicants require fingerprinting and other screenings to meet necessary licensure requirements.

**Please indicate which department the application is submitted for** (see department options below):

Operations/Administration: \_\_\_\_\_

Animal (by interest): 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

- *Operations/Administration Department Internship Programs:*

- Accounting & Finance
- Education (Administration)
- Education (Teaching & Curriculum)
- Graphics & Fine Arts
- Horticulture
- Human Resources (HR)
- Marketing
- Office of Development
- Public Relations

- Quality Service/Management
- Special Event Planning

- *Animal Department Internship Programs:*

- Africa
- Animal Rides
- Asia
- Aviary
- Florida Mammals
- Primates
- Reptiles

## Desired Schedule

- Animal Care Internship positions require a minimum of 25 hours per week.
- Operations/Administration Internship positions require a minimum of 15 hours per week.
- Both internship programs require a commitment of at least 16 weeks.

Monday AM Tuesday AM Wednesday AM Thursday AM Friday AM Saturday AM Sunday AM

Monday PM Tuesday PM Wednesday PM Thursday PM Friday PM Saturday PM Sunday PM

How many hours per week are you able to commit to the internship program? \_\_\_\_\_

## Demographical Information

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Training and Experience

Educational Background and any training you have had that relates to our type of organization:

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Current Company or School: \_\_\_\_\_

Previous Relevant Work/Volunteer Experience: \_\_\_\_\_

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Previous Intern Experience: \_\_\_\_\_

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Why are you interested in interning at Tampa's Lowry Park Zoo? \_\_\_\_\_

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Which languages do you speak fluently? \_\_\_\_\_

What skills or interests do you have that you would like to use in your internship? \_\_\_\_\_

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Please list three detailed goals that you would like to achieve through your internship experience at Tampa's Lowry

Park Zoo:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

### **Animal Department Applicants Only**

State any prior animal care experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list the top three animal departments that you are seeking to intern in:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Are you a certified diver? \_\_\_\_\_ If yes, certification type: \_\_\_\_\_

Diving experience: \_\_\_\_\_

### **Emergency Information**

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Insurance Coverage: yes \_\_\_\_\_ no \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Dates you received last test/shot: (You MUST have these shots for all animal departments)

TB test date (Required annually) \_\_\_\_\_ Tetanus date (Required within last 5 years) \_\_\_\_\_

**\*\*\*Please attach a copy of the above tests to the application.**

Please list any significant medical problems or physical limitations: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Please list any medications you are currently taking: \_\_\_\_\_

In case of emergency, notify:

\_\_\_\_\_  
Name/ Relationship Phone #

\_\_\_\_\_  
Name/ Relationship Phone #

### **Background Information**

Have you ever been convicted of a crime, had adjudication withheld, or entered a plea other than not guilty to any criminal charges  Yes  No

A yes response will not automatically disqualify you from consideration. If yes, state the offense(s), date(s) of conviction(s) or plea(s) and sentence(s) imposed or disposition(s): \_\_\_\_\_

### **At-Will Internship Statement**

Our goal is to deliver the best possible service for our visitors. Therefore, we expect high standards of performance in your assigned work and we will give you the best support and supervision we can, in order to achieve our goal. If your work still is not up to necessary standards, we reserve the absolute right to terminate your service, or re-assign you to some other more suitable work.

All interns must attend an orientation, write weekly in a learning journal, complete their assignments, attend their shifts in a timely manner, and follow all protocols and procedures reviewed with the intern by the managing staff person. **ADDITIONAL NOTE:** Tampa's Lowry Park Zoo provides neither Workers' Compensation nor Group Benefits medical insurance to any person when acting as a volunteer.

\_\_\_\_\_  
Volunteers signature

\_\_\_\_\_  
Date

**TAMPA'S LOWRY PARK ZOO**  
**APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION**

This release and authorization acknowledges that this company may now, or at any time while you are a volunteer, intern, or docent, conduct a verification of your education, previous employment/work history, credit history, worker's compensation injuries, motor vehicle records, contact personal references, require that you provide a urine specimen, or blood specimen, to be tested for the presence of drugs or alcohol, and receive any criminal history record information as deemed necessary to fulfill the company requirements. The results of this verification process will be used to determine applicant eligibility under this company's policies. I authorize Tampa's Lowry Park Zoo and any of its agents/designated company personnel, to disclose orally and in writing the results of the verification process. The information obtained will not be provided to any other parties other than to the designated authorized representatives of this company. All results will be kept CONFIDENTIAL.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that even if my screening is approved, the discovery of any false statements will be considered as cause for possible dismissal.

I have read and understand this consent for release of information, and authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and agencies to provide Tampa's Lowry Park Zoo with any information that is requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of information.

I do hereby agree to forever release and discharge the company, our agent, MAF Background Screening, and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if my application was denied based on information obtained by this company, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the background report.

**IMPORTANT: PLEASE TAKE EXTRA CARE TO MAKE YOUR ENTRIES VERY CLEAR AND EASY TO READ**

THESE BACKGROUND RESULTS SHOULD BE SENT TO THE \_\_\_\_\_ DEPARTMENT AT EXT. \_\_\_\_\_

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for applicant consideration and/or any other purpose.

FIRST NAME	MIDDLE	LAST NAME	MAIDEN/FORMER NAME	SOCIAL SECURITY NUMBER
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State: DRIVER'S LICENSE NUMBER (Letter plus 12 digits)	BIRTH DATE	TELEPHONE NUMBER
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CURRENT ADDRESS	CITY	STATE	ZIP CODE	COUNTY	HOW LONG?
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FORMER ADDRESS	CITY	STATE	ZIP CODE	COUNTY	HOW LONG?
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FORMER ADDRESS	CITY	STATE	ZIP CODE	COUNTY	HOW LONG?
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LIST ABOVE ALL OTHER CITIES AND STATES THAT YOU HAVE RESIDED IN THE PAST SEVEN (7) YEARS

APPLICANT SIGNATURE	DATE
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Release of Liability for Volunteers

*Read Carefully Before Signing*

I, \_\_\_\_\_, in consideration for being permitted to participate as a volunteer at Tampa's Lowry Park Zoo, hereby release and discharge Tampa's Lowry Park Zoo, Lowry Park Zoological Society of Tampa, Inc., and the City of Tampa and their respective officers, directors, employees, agents, contractors, subcontractors, representatives, successors and assigns, and all persons conducting, directly or indirectly, the activities surrounding my involvement as a volunteer at Tampa's Lowry Park Zoo from any and all claims, rights, demands, actions, causes of action, expenses and damages, which I or my heirs, personal representative, successors, assigns or anyone claiming by, through or under me ever had, now have, or may have against the parties identified above arising from any injury, act or omission relating in the way to my participation as a volunteer.

I fully understand that this Release includes, but is not limited to any claims, rights, demands, actions, causes of actions, expenses and damages whatsoever which may arise from any injury, act or omission, caused, occasioned, or contributed to, actually or allegedly, by the negligence, sole or concurrent, of one or more of the parties released herein.

I also fully understand the risk involvement in my participation as a volunteer including, but not limited to, those risks involved with the working with wild and/or endangered animals in their habitats, and fully assume said risk for any injury, losses or damages of any kind resulting from such risks involved in associated activities.

I acknowledge that I have read, fully understand and voluntarily agree to this Release and that no oral representatives, statements or inducements apart from this Release have been made to me.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature (if under 18 years old)



## Application Checklist

*Below is a checklist that will help you throughout the application process.*

*Note: Incomplete application will be returned for completion.*

- Resume
- Cover Letter
- Completed Application Form
- Completed Background Check Form
- Signed Release of Liability Form
- Copy of negative TB test within the last 12 months
- Copy of tetanus shot records within the last 5 years
- Copy of valid photo identification (driver's license, passport)
- \$25 non-refundable application processing fee  
(Cash, money order, or checks made payable to "Tampa's Lowry Park Zoo")

**Please return to Volunteer Coordinator via mail, fax or e-mail:**

**Mail:**

Tampa's Lowry Park Zoo  
Attn: Volunteer Coordinator  
1101 W. Sligh Avenue  
Tampa, Florida 33604

**Email:** [Volunteer.Coordinator@LowryParkZoo.com](mailto:Volunteer.Coordinator@LowryParkZoo.com)

**FAX:** (813)932-1861