

INTERNSHIP APPLICATION FORM

Applicants should follow the procedure accurately and completely. Incomplete or late applications will not be considered.

- Step 1 – Completely fill out the application form
- Step 2 – Enclose a résumé with two references
- Step 3 – Enclose a transcript (it does not have to be an official copy)
- Step 4 – Attach a letter of interest stating your reasons for participating and desired personal outcome.

Application is for:

- Ernest E. Stempel Internship (Bermudian students only)
- James W. Bacbock Internship Program (U.S. students only)
- John L. & Karen C. Pye Internship (Canadian students only)

Applicant's Name _____

Street Address _____

City, State and Zip Code _____

Telephone _____

E-mail Address : _____

Date of Birth _____

Emergency contact _____

Address _____

Telephone: _____

University/College _____

Advisor _____

Current Year in School _____

*Programme Choice			Indicate Preference
	Aquarium	Operations & Husbandry	
	Zoo	Operations & Husbandry	
	Marine Operations	Collections & Quarantine	
	Conservation Research	Operations & Field Work	
	Education	Operations & Outreach	

SCUBA Qualifications (These are not requirements for selection to the program unless you wish to participate in Conservation Research):

Agency issuing certification (e.g. PADI, NAUI)	
Highest certification level	
Date of certification	
Date of last dive	
Number of dives logged	
Date of last diving medical examination	

	MEDICAL HISTORY	YES	NO	NOTES
1	Could you be pregnant or are you attempting to become pregnant?			
2	Do you regularly take prescription or non-prescription medications? (with the exception of birth control)			
3	Asthma, or wheezing with breathing, or wheezing with exercise?			
4	Frequent or severe attacks of hay fever or allergy?			
5	Frequent colds, sinusitis or bronchitis?			
6	Any form of lung disease?			
7	Pneumothorax (collapsed lung?)			
8	History of chest surgery?			
9	Claustrophobia or agoraphobia (fear of closed or open spaces)?			
10	Behavioral health problems?			
11	Epilepsy, seizures, convulsions or do you take medications to prevent them?			
12	Recurring migraine headaches or do you take medications to prevent them?			
13	History of diving accidents or decompression sickness?			
14	History of recurrent back problems?			
15	History of back surgery?			
16	History of diabetes?			
17	History of back, arm or leg problems following surgery, injury or fracture?			
18	Inability to perform moderate exercise (example: walking one mile within 12 minutes)?			
19	History or high blood pressure or do you take medication to control blood pressure?			
20	History of any heart disease?			
21	History of heart attacks?			
22	Angina or heart surgery or blood vessel surgery?			
23	History of ear or sinus surgery?			

	MEDICAL HISTORY	YES	NO	NOTES
24	History of ear disease, hearing loss or problems with balance?			
25	History of problems equalizing (popping) ears with airplane or mountain travel?			
26	History of bleeding or other blood disorders			
27	History of any type of hernia?			
28	History of ulcers or ulcer surgery?			
29	History of colostomy?			
30	History of drug or alcohol abuse?			
Physician's name & contact #				

	YES	NO
Does applicant have medical coverage? Note: This is a requirement of participation		
Name of Insurance company and policy number		

It is essential that all interns have medical coverage for the period of internship, proof of which should accompany the intern. Neither BAMZ, BZS nor the ACP is responsible for any medical expenses incurred while in Bermuda.

I have read the regulations and agree to comply with the rules. I release the Bermuda Aquarium, Museum and Zoo (BAMZ), Bermuda Zoological Society (BZS) and the Atlantic Conservation Partnership (ACP) collectively or individually its trustees, directors, officers, employees, representatives from all actions, proceedings, claims and demands from all liability during the intern's stay in Bermuda.

Signature	Date