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)
☐ ACP Internship (U.S. students only)
☐ John L. & Karen C. Pye Scholarship (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 programme unless you wish to participate in Conservation Research):

<table>
<thead>
<tr>
<th>Agency issuing certification (e.g. PADI, NAUI)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest certification level</td>
<td></td>
</tr>
<tr>
<td>Date of certification</td>
<td></td>
</tr>
<tr>
<td>Date of last dive</td>
<td></td>
</tr>
<tr>
<td>Number of dives logged</td>
<td></td>
</tr>
<tr>
<td>Date of last diving medical examination</td>
<td></td>
</tr>
<tr>
<td>MEDICAL HISTORY</td>
<td>YES</td>
</tr>
<tr>
<td>-----------------</td>
<td>-----</td>
</tr>
<tr>
<td>1. Could you be pregnant or are you attempting to become pregnant?</td>
<td></td>
</tr>
<tr>
<td>2. Do you regularly take prescription or non-prescription medications? (with the exception of birth control)</td>
<td></td>
</tr>
<tr>
<td>3. Asthma, or wheezing with breathing, or wheezing with exercise?</td>
<td></td>
</tr>
<tr>
<td>4. Frequent or severe attacks of hay fever or allergy?</td>
<td></td>
</tr>
<tr>
<td>5. Frequent colds, sinusitis or bronchitis?</td>
<td></td>
</tr>
<tr>
<td>6. Any form of lung disease?</td>
<td></td>
</tr>
<tr>
<td>7. Pneumothorax (collapsed lung?)</td>
<td></td>
</tr>
<tr>
<td>8. History of chest surgery?</td>
<td></td>
</tr>
<tr>
<td>9. Claustrophobia or agoraphobia (fear of closed or open spaces)?</td>
<td></td>
</tr>
<tr>
<td>10. Behavioral health problems?</td>
<td></td>
</tr>
<tr>
<td>11. Epilepsy, seizures, convulsions or do you take medications to prevent them?</td>
<td></td>
</tr>
<tr>
<td>12. Recurring migraine headaches or do you take medications to prevent them?</td>
<td></td>
</tr>
<tr>
<td>13. History of diving accidents or decompression sickness?</td>
<td></td>
</tr>
<tr>
<td>14. History of recurrent back problems?</td>
<td></td>
</tr>
<tr>
<td>15. History of back surgery?</td>
<td></td>
</tr>
<tr>
<td>16. History of diabetes?</td>
<td></td>
</tr>
<tr>
<td>17. History of back, arm or leg problems following surgery, injury or fracture?</td>
<td></td>
</tr>
<tr>
<td>18. Inability to perform moderate exercise (example: walking one mile within 12 minutes)?</td>
<td></td>
</tr>
<tr>
<td>19. History or high blood pressure or do you take medication to control blood pressure?</td>
<td></td>
</tr>
<tr>
<td>20. History of any heart disease?</td>
<td></td>
</tr>
<tr>
<td>21. History of heart attacks?</td>
<td></td>
</tr>
<tr>
<td>22. Angina or heart surgery or blood vessel surgery?</td>
<td></td>
</tr>
<tr>
<td>23. History of ear or sinus surgery?</td>
<td></td>
</tr>
</tbody>
</table>
### Medical History

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>History of ear disease, hearing loss or problems with balance?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>History of problems equalizing (popping) ears with airplane or mountain travel?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>History of bleeding or other blood disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>History of any type of hernia?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>History of ulcers or ulcer surgery?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>History of colostomy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>History of drug or alcohol abuse?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Physician's name & contact #**

---

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does applicant have medical coverage?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Note:</strong> This is a requirement of participation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Insurance company and policy number</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Signature</strong></td>
<td><strong>Date</strong></td>
</tr>
</tbody>
</table>