



CHIEF ADMINISTRATIVE OFFICE - PARKS DIVISION

INTERNSHIP APPLICATION

Position Applying for: _____

Name: _____ Phone Number: _____

Address: _____

City _____ Zip _____ Cell Phone: _____

Email Address: _____

Languages Spoken: _____

Certifications/ Special Skills or Talents: _____

Health restrictions: _____

Have you ever been convicted of a misdemeanor or felony? Yes No

If yes, please describe: _____

College/University Attending: _____

Major/Course of Study: _____

Desired Date of Internship: _____

Field Work Advisor's Name: _____ Phone Number: _____

Field Work Advisor's Email Address: _____

If position requires transportation:

Driver's License Number: _____ Expiration date: _____

I certify by my signature that the above information is accurate to the best of my knowledge.*

Signature: _____ Date: _____

**Completion of this application does not guarantee acceptance to the internship program.*