

2016 Naturalist Internship Application

Please answer questions completely

DATE OF APPLICATION: _____

Applicant Information

FIRST NAME: _____ LAST NAME: _____ WHAT YOUR FRIENDS CALL YOU: _____

EMAIL: _____ PHONE# (____) _____ CELL# (____) _____

ADDRESS: _____
NUMBER STREET CITY STATE ZIP CODE

HIGH SCHOOL: _____ CURRENT GRADE LEVEL: _____

DATE OF BIRTH: _____ AGE (as of September 1, 2015): _____ GENDER: M F

DO YOU HOLD A CURRENT CPR/FIRST AID CERTIFICATE? YES NO

ARE YOU WILLING TO TAKE CPR TRAINING? YES NO * CPR and First AID training is required

HOW DID YOU HEAR ABOUT THIS PROGRAM? (Please check all that apply.)

Friend Recruiter/HCNH Staff Teacher/Advisor Name? _____ Other: _____

HAVE YOU EVER ATTENDED/VOLUNTEERED AT A HIGHLANDS CENTER PROGRAM BEFORE? NO YES

If yes please list which ones: _____

DO YOU HAVE ANY PRIOR OBLIGATIONS THAT MAY CONFLICT WITH YOUR ABILITY TO VOLUNTEER AFTER SCHOOL AND/OR ON WEEKENDS AND BREAKS? If yes please describe and/or list specific dates. _____

Parent Information

PARENT GUARDIAN: _____
NAME RELATIONSHIP TO APPLICANT

EMAIL: _____ PHONE# (____) _____ CELL# (____) _____

SECONDARY CONTACT: _____
NAME PHONE #

I _____ THE PARENT/GAURDIAN OF _____ AM AWARE OF THE REQUIREMNTS OF THIS PROGRAM AND WILL BE AVAIALBLE FOR SUPPORT THROUGH THE ATTENDANCE OF AN PARENT/INTERN ORIENTATION (DATE TBA) AND THROUGH TRANSPORTATION OF THE INTERN AS NEEDED.

SIGNATURE

DATE

ESSAY QUESTIONS: TELL US ABOUT YOURSELF!

Please print legibly in pen or type your responses on a separate sheet. (Attach additional pages if needed.)

1. Describe yourself. What are your interests, how do you spend your free time, what are some of your goals, and/or challenges?

2. Why do you want to be involved in the Highlands Center's Naturalist Internship Program?

3. Describe your interest in or experience with the environment and/or the outdoors (camping, hiking, etc.).

4. What areas of Natural History are you interested in learning more about through this program? (check any that apply):

- birds mammals climate/weather habitats/ecosystems plants
 insects sketching/journaling reptiles/amphibians astronomy geology other _____

5. You would be working with various ages of youth during this program. Are there any age groups you feel uncomfortable working with? If yes please explain.

6. Please list any volunteer history (include organization, dates, and a brief description of the activity).


7. Is there anything else we should know about you when considering your application?

PERSONAL INFORMATION

Choose one that best describes your physical abilities:

- HIKE 0-2 MILES HIKE 2-4 MILES
 HIKE 4-6 MILES (OR MORE)
 DESCRIBE ANY PHYSICAL LIMITATIONS YOU MAY HAVE: _____

References: please supply the names and phone numbers of three (3) references:



1) NAME: _____ PHONE: (____) _____
EMAIL: _____ ASSOCIATION TO APPLICANT: _____

1) NAME: _____ PHONE: (____) _____
EMAIL: _____ ASSOCIATION TO APPLICANT: _____

1) NAME: _____ PHONE: (____) _____
EMAIL: _____ ASSOCIATION TO APPLICANT: _____

PLEASE RETURN THIS APPLICATION TO:

*EDUCATION DEPARTMENT, HIGHLANDS CENTER FOR NATURAL HISTORY, 1375 S. WALKER ROAD, PRESCOTT, AZ 86303
PHONE (928) 776-9550 FAX (928) 776-9530 EMAIL mkack@highlandscenter.org*