



Youth Summer Internship Application

Return to:
Volunteer Administrator
9500 Gilman Drive, Dept 0207
La Jolla, CA 92093-0207
(858) 534-9871

NAME _____ **DATE** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

HOME PHONE _____ **CELL PHONE** _____

EMAIL ADDRESS _____

DATE OF BIRTH _____

EDUCATION _____

PREVIOUS VOLUNTEER EXPERIENCE: (agency and position) _____

_____ **REASON FOR LEAVING** _____

LANGUAGES: Please list any language you speak fluently, other than English (including sign-language).

WORK EXPERIENCE: Describe your employment experience. Please include your duties and level of responsibility.

ACADEMIC RECORD: Describe your academic experience. Please include your grade point average for the most recently completed term, the subjects in which you excel, and the subjects in which you wish to improve.

MARINE SCIENCE: Describe your knowledge of marine science. Please include both formal and informal education, any fieldwork you have completed and classes you have taken, including the level of the class (junior high, high school, clubs, etc.).

JOB CONDITIONS: Please indicate whether the following job conditions are acceptable or unacceptable to you (if unacceptable, please explain):

	Acceptable	Unacceptable
Interacting with children	<input type="checkbox"/>	<input type="checkbox"/>
Lifting 20 pounds	<input type="checkbox"/>	<input type="checkbox"/>
Handling live animals	<input type="checkbox"/>	<input type="checkbox"/>
Speaking in public	<input type="checkbox"/>	<input type="checkbox"/>
Sun exposure	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to seawater	<input type="checkbox"/>	<input type="checkbox"/>
Working outdoors	<input type="checkbox"/>	<input type="checkbox"/>

EXPLANATION: _____

COMMUNICATION SKILLS: Rate your comfort level with the following types of communication:

	Never done it	Given it a shot	Once in a while	Do it a lot	All the time
One-on-one communication with people you don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking in front of large groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using a microphone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storytelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands-on demonstrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drama, theater or performing arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRANSPORTATION: How will you get to and from Birch Aquarium at Scripps? _____

ORIENTATION: Will you be able to attend the mandatory YSI orientation and training scheduled for Monday through Friday, June 23-27 from 1:00-5:00 pm, at Birch Aquarium at Scripps?

Yes _____ No _____ If no, explain: _____

SCHEDULE: Indicate what days you are available to work for the Youth Summer Internship by circling the letter corresponding to *all* days that you could work:

June 30 - August 29: M T W R F

Please note that the aquarium is open to the public from 9:00 am to 5:00 pm each day during the summer.

ABSENCE: Please indicate any time period from June 30 through August 29 that you will be unable to volunteer due to a planned vacation or similar event.

Dates: _____

Please explain: _____

Please note: Maximum time allowed off during the Youth Summer Internship program and still be eligible to receive course credit is 2 days. Any other missed time must be made up at the discretion of the Volunteer Administrator and arranged prior to the start of the program.

SCHOOL SCHEDULE: What date does your high school session begin for Fall 2008?

Have you ever been convicted of any criminal offense, fined, or placed on probation, or given a suspended sentence in any court other than a minor traffic violation for which the fine was \$50.00 or less? **YES** _____ **NO** _____

If YES, please explain _____

BRIEFLY EXPLAIN WHY YOU ARE INTERESTED IN THE YSI PROGRAM AT THE BIRCH AQUARIUM AT SCRIPPS.

EMERGENCY INFORMATION: Persons to notify in case of emergency

NAME/RELATIONSHIP _____

HOME PHONE _____ WORK PHONE _____

NAME/RELATIONSHIP _____

HOME PHONE _____ WORK PHONE _____

Do you have any physical limitations that might restrict your activities? _____

Do you have any allergies or sensitivities (bee stings, foods, drugs, etc.)? _____

REFERENCES: Please provide the names of two references who are not related to you

NAME/RELATIONSHIP _____

HOME PHONE _____ WORK PHONE _____

NAME/RELATIONSHIP _____

HOME PHONE _____ WORK PHONE _____

APPLICANT'S SIGNATURE _____ **DATE** _____

PARENTAL CONSENT

Volunteers under age 18 must have a parent's or legal guardian's consent to volunteer.

I give _____ my permission to volunteer at Birch Aquarium at Scripps.
(Volunteer's name)

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____ **RELATIONSHIP:** _____

FOR OFFICE USE ONLY:

Comments:

Application received: _____ - _____ - _____

Interview: _____ - _____ - _____ phone/live

BAS Response letter: _____ - _____ - _____ phone/mail

Applicant Response: _____ - _____ - _____ accept/decline

Schedule: _____