

10 Smith Lane, Eastham, Ma 02642-2671 • 508-240-2255
internship@wildcarecapecod.org • wildcarecapecod.org



Application for Internship Program 2025

Complete this application and mail to Internship Coordinator, 10 Smith Lane, Eastham MA 02642

Personal Information

Last Name: _____ First Name: _____

Season applying for: (Spring, Summer, or Fall) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Permanent Address _____

City: _____ State: _____ Zip: _____

Phone Number: _____ **Email:** _____

Date of Birth: _____ (Must be over 18 years of age to apply)

Have you ever been convicted of a crime? (Yes or No) _____

If yes, please explain the charges and circumstances: _____

Please include the following supporting documents:

1. A current resumé and cover letter
2. A copy of your academic transcript
3. Two academic or professional letters of reference, emailed directly from your references, to internship@wildcarecapecod.org, or mailed directly from your references, to "Internship" @ Wild Care, Inc., 10 Smith Lane, Eastham, MA 02642 in a sealed envelope.
4. An essay between 150-300 words entitled, "What experience I hope to gain from an Internship at Wild Care"

Applications will be reviewed as they are received. Two telephone interviews will be scheduled after a signed internship agreement is received. If you are selected, proof of medical insurance and current tetanus immunization will be required prior to your starting date.

Educational Information

Name of school you currently attend or have recently graduated from: _____

School entry date: _____

Have you graduated from your degree program? (Yes or No) _____

Anticipated graduation date: _____

Bachelors or Masters Degree: _____

Major Field of Study: _____

Extra-curricular activities: _____

Medical Information

Emergency Contact:

Relationship: _____

Name: _____

Address: _____

Phone(s): _____

Do you have a current tetanus shot: (Yes or No)

Do you have current rabies vaccinations: (Yes or No)

Do you have medical insurance? (Yes or No)

Name of insurance provider: _____

Do you have any medical condition or allergies that require special accommodations? (Yes or No)

If yes, please explain: _____

Additional Information

Do you have access to housing on Cape Cod? (Yes or No)

If no, would you require a housing allowance? (Yes or No)

How did you hear about this internship? _____

The animals will thank us simply by their presence.

