



FWC Gopher Tortoise Conservation Internship Application

Please e-mail or fax (**email is preferred**) the following information:

1. Completed application,
2. Current resume,
3. Brief cover letter describing your reasons for applying to this program, your relevant course work, and what you hope to get out of the internship.

If sending by e-mail, type 'Gopher Tortoise Conservation Intern' in the subject line

E-mail: Alex.Kalvin@MyFWC.com

Fax: (850) 921-1847

INTERNSHIP PROGRAM APPLICATION

STUDENT INFORMATION

NAME _____ DATE OF BIRTH: ____ / ____ / ____

SCHOOL _____ ADVISOR _____

MAJOR _____ GPA _____

Junior ____ Senior ____ Recent Graduate ____ Grad Student ____

APPLYING FOR:

3 credits / 10 hours a week ____ 6 credits / 20 hours a week ____

Summer Semester ____ Fall Semester ____ Spring Semester ____

AVAILABILITY:

Start Date: ____ / ____ / ____ End Date: ____ / ____ / ____

Class Schedule: M: ____ T: ____ W: ____ R: ____ F: ____

HOME ADDRESS (permanent address)

E-MAIL ADDRESS (personal and school address)

TELEPHONE NUMBER (home and mobile phone numbers)

EMERGENCY CONTACT NAME (relationship and telephone number)

WORK EXPERIENCE

List all work experience, beginning with your most recent employer or attach a current resume with contact phone numbers.

1. EMPLOYER _____

Telephone Number () _____

Dates of Employment _____

Title/Duties _____

2. EMPLOYER _____

Telephone Number () _____

Dates of Employment _____

Title/Duties _____

3. EMPLOYER _____

Telephone Number () _____

Dates of Employment _____

Title/Duties _____

ADDITIONAL EXPERIENCE, LANGUAGE ABILITIES, COMPUTER SKILLS, ETC.

AFFIRMATION

As indicated by your dated signature below, you attest to the information provided and accept the terms and conditions of appointment to this program.

Signature: _____ **Date:** _____

EQUAL OPPORTUNITY

The Florida Fish and Wildlife Conservation Commission prohibits discrimination in all programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. Persons with disabilities who require alternative means for communication should contact the Bureau of Personnel.