

## Butterfly House Intern Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

School: \_\_\_\_\_ Year: \_\_\_\_\_

Institution Address: \_\_\_\_\_

GPA: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_ Will you receive college credit:  Yes  No

If yes, how many hours\* does your school require you to complete to receive credit for the internship? \_\_\_\_\_ How Many credits? \_\_\_\_\_

\*All interns are required to complete a minimum of 140 hours regardless of how many a school requires.

Area applying for:

Insect Keeper

Horticulture

Guest/Volunteer Services

Special Events

Animal Show

Education

Semester applying for:  Fall  Winter  Spring  Summer 20\_\_

Hours Available:  morning  mid  afternoon  evening

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

# of hours a week: \_\_\_\_\_ Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

During your internship you have the option to work a day in a different department, which department would you like this to be: \_\_\_\_\_

Courses taken related to internship: \_\_\_\_\_

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Do you have any special skills you will bring to our organization? \_\_\_\_\_

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Why do you want to intern at the Butterfly House?

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How did you hear about our internship program? \_\_\_\_\_

Are you planning on working while completing your internship?

Yes       No

If yes, where? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed application, along with a cover letter and resume to:

Attn: Internships  
Butterfly House  
15193 Olive Blvd.  
Chesterfield, MO 63017

For Office Use Only	
<input type="checkbox"/> Application received	_____/_____/_____
<input type="checkbox"/> Contacted	_____/_____/_____
<input type="checkbox"/> Accepted	<input type="checkbox"/> Declined
<input type="checkbox"/> Letter sent	_____/_____/_____