Bird Center of Michigan 2025 Internship Application

ADDRESS: 7800 Platt Rd, Saline, MI - PHONE: (734) 761-9640 - EMAIL: clinic@birdcentermi.org

Please send completed application and requested documents to: clinic@birdcentermi.org

Contact Information					
Name:					
Street Address:					
City, State, Zip:					
Phone:					
Email Address:					
Emergency Contact:	Name:		Relationship:	Phone:	
	1				
Internship Availability					
Between what dates are you available:					
List dates you will NOT be available:					
Full-time (35 hrs per week, five 7 hr shifts) or part time (21 hrs per week, three 7 houshifts):		hifts) hour			
			terns start at the beginr oportunities may be ava		
Education and Experience					
High School:					
College/University:					
Concentration (Major/Minor):					
List any relevant coursework, certifications, licenses:					
Are you eligible for college credit?:					
Related Experience:					
Hobbies and/or Interests:					

Internship Questionnaire				
Do you have any concerns working with live insects such as worms, crickets, beetles, flies?				
Do you have any concerns regarding the euthanasia process?				
Are you comfortable answering phones and speaking with the public?				
Do you have reliable transportation to and from work?				
Are you willing to provide up to date tetanus shot records?				
Where did you hear about our internship opportunity?				
Describe why you chose to apply at the Bird Center of Michigan Word Count 250 Max				
What would you like to learn during this internshiρ?				
What is your favorite bird species and why?				

References (Academic or Professional)					
Name	Occupation	Phone or Email			



Thank you for completing this application and for your interest in interning with us at the Bird Center of Michigan. In order to be considered, please submit this completed application and resume to: clinic@birdcentermi.org

Signature	
 Name	