

Internship Application

Return to:
Kitsap Humane Society
9167 Dickey RD NW
Silverdale, WA 98383
ATTN: Ashley Short



For Office Use Only
Pre-Internship Interview Completed On: _____
Intern Status: <input type="checkbox"/> Approved <input type="checkbox"/> Declined
Staff Notes: _____

Date: _____

Please Print Clearly

Name _____ M/F (please circle)
(First and Last)

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail address _____ Date of Birth ____/____/____

1. If accepted into the internship program, will you consent to a background check?

Yes No (please circle one)

2. Have you ever been charged with a felony? **Yes No** (please circle one)

3. How did you hear about our internship program? Please check all appropriate boxes:

Word of mouth

Were you referred by a current or former KHS volunteer? If so, who?:

Craigslist ad

Internet search/KHS website

Other: _____

4. Please circle the length of internship for which you are applying:

Abbreviated (3 weeks long)

Complete (6 weeks long)

5. What days/times are you available to complete your internship hours? (Please check all available days/times)

- Mondays 9:00am-12:00pm
- Mondays 12:00pm-3:00pm
- Mondays 3:00pm-6:00pm
- Tuesdays 9:00am-12:00pm
- Tuesdays 12:00pm-3:00pm
- Tuesdays 3:00pm-6:00pm
- Wednesdays 9:00am-12:00pm
- Wednesdays 12:00pm-3:00pm
- Wednesdays 3:00pm-6:00pm
- Thursdays 9:00am-12:00pm
- Thursdays 12:00pm-3:00pm
- Thursdays 3:00pm-6:00pm
- Fridays 9:00am-12:00pm
- Fridays 12:00pm-3:00pm
- Fridays 3:00pm-6:00pm
- Saturdays 9:00am-12:00pm
- Saturdays 12:00pm-3:00pm
- Saturdays 3:00pm-6:00pm
- Sundays 9:00am-12:00pm
- Sundays 12:00pm-3:00pm
- Sundays 3:00pm-6:00pm

6. What do you most hope to gain from participating in this internship?

7. Which Internship(s) are you applying for? (If applying for multiple please rate 1st, 2nd, 3rd choice)

- Animal Care Internship _____
- Customer Service Internship _____
- Adoption Outreach & Volunteer Department Internship _____

In signing the application, I understand and agree to the following:

- I understand that while participating in the Kitsap Humane Society internship, I will be acting as an unpaid member of the staff.
- I understand that if I choose to continue volunteering after completing the internship, I must attend all required volunteer training classes prior to resuming any volunteer service at Kitsap Humane Society.
- I understand that if I do not follow rules established by the Kitsap Humane Society, I may be subject to corrective action and/or termination from the Internship Program.
- I understand that if I am injured while acting as an unpaid member of the volunteer staff, I am not covered by Washington State Workers Compensation Law. I authorize the Kitsap Humane Society to seek emergency medical treatment in case of accident, injury or illness. I agree to hold the Kitsap Humane Society, its employees, volunteers and officers harmless in all matters relating to my service as a volunteer, including but not limited to personal injury.
- I agree on behalf of myself, my heirs, personal representatives and executors to allow the Kitsap Humane Society to use any photographs or videotapes taken of me for use in public relations efforts.
- I understand that I am a representative of the Kitsap Humane Society and that I may have access to personal or privileged information regarding the organization. I agree to respect and maintain confidentiality of all donors, customers, volunteers, staff and animals of the Kitsap Humane Society both on and offsite, during and outside of volunteer hours. I understand that any disrespectful or misleading representation of the Kitsap Humane Society may be cause for immediate dismissal from the Volunteer Program.
- I understand that because I handle animals, it is important to discuss being vaccinated against tetanus with my physician. I release the Kitsap Humane Society from all responsibility that may occur because of my not pursuing this matter further, and I understand whatever decision I make is at my own risk.

Applicant Signature

Date

Print Name

Emergency Contact Name

Emergency Contact Phone Number