



Center Valley Animal Rescue
A no-kill animal Sanctuary and Rescue

Application for Internship

Name: _____

Mailing Address: _____

Telephone/Cell Number: _____

E-mail Address: _____

Are you requesting that your college grant you credit hours for your internship? _____

Dates available to perform internship: _____

Education:

TYPE OF SCHOOL	NAME AND LOCATION	DEGREE/DATE	MAJOR
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High School	_____		
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College	_____		
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Employment History (*Includes paid, volunteer, and intern positions*)

Most Recent Employer: _____ Telephone Number: _____

Address: _____

Supervisor (Name & Title): _____

Position Title: _____ Start Date: _____ End Date: _____

Description of duties: _____

[Attach more as needed]

References

Name: _____ Telephone Number: _____

Company/School: _____

Relationship: _____ Known how long: _____

Name: _____ Telephone Number: _____

Company/School: _____

Relationship: _____ Known how long: _____

Name: _____ Telephone Number: _____

Company/School: _____

Relationship: _____ Known how long: _____

Activities relevant to the internship for which you are applying: _____

Why you would like to work as a CVAR intern? _____

I certify that all of the statements in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not considering me or for my dismissal.

Signature: _____ **Date:** _____