

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? _____

Area applying for:

- Insect Keeper
- Horticulture
- Guest/Volunteer Services
- Education
- Special Events

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: _____

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

Why do you want to intern at the Butterfly House?

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

Application received

_____/_____/_____

Contacted ____/____/_____

Accepted Declined

Letter sent ____/____/_____