



191 Baron van Reede
 Oudtshoorn
 6620 | South Africa
 T: +27 (0)44 272 5593
 F: +27 (0)11 604 3993
 info@wildanimalvolunteers.com
 www.wildanimalvolunteers.com

INTERN

WILD ANIMAL VOLUNTEERS QUESTIONNAIRE & APPLICATION FORM

PERSONAL DETAILS:

| | | | |
|----------------------------------|--|---------------------|-------------|
| First Name | | Surname/Family Name | |
| Date of Birth | | Age | Male/Female |
| Home Address | | | |
| Postal Address (if different) | | | |
| Home Phone | | Mobile Phone | |
| Country Dialing Code | | E-Mail address | |
| Country where living | | Occupation | |

PASSPORT DETAILS: **(NB: please attach a copy)**

| | | | |
|-------------------------|--|-------------|--|
| Passport Number | | Country | |
| Place and Date of Issue | | Expiry Date | |

WHEN WOULD YOU LIKE TO BE WITH US?

| | | | |
|---|--|---|--|
| Date of Arrival (should be a Monday) | | Date of Departure (should be a Monday) | |
| <p>Please note that you may request alternative dates that are NOT on a Monday however an extra fee may need to be charged as we may need to send a private taxi to collect you: Additional comments/enquiry regarding dates:</p> | | | |



CONSERVE. CARE. CONNECT.

Directors:
 AE Eriksen | G Eriksen





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OTHER:

| | |
|--|--|
| T-Shirt size in cm's or inches OR Small, Medium, Large, etc | |
| How did you hear about us/find us? (please be as specific as possible, thank you!) | |
| What are your hobbies and interests? | |

DIET:

| |
|--|
| Do you have any specific dietary requirements or allergies? (please note that a daily surcharge may apply for special diets) |
|--|

EMERGENCY CONTACT INFORMATION:

| | | | |
|--|--|-------------------------------------|--|
| Emergency Contact's Name | | Emergency contact's relation to you | |
| Emergency contact's physical address | | | |
| Emergency contacts phone including country code: (e.g., 0044 2737 33821) | | | |

MEDICAL INSURANCE INFORMATION:

| | | | |
|--|--|--|--|
| Medical insurance Company name | | Medical insurance policy/membership number | |
| 24-hour emergency telephone number, including country code (eg 0044 273733821) | | | |
| Known medical conditions INCLUDING any known allergies | | | |
| Current Medication | | | |



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ABOUT YOUR INTERNSHIP REQUIREMENTS:

| | | | |
|--|------------------|--|--|
| <p>Are you wanting to simply shadow our curators on a day-to-day basis?</p> | | <p>OR do you need to complete a specific assignment/paper?</p> | |
| <p>Please tell us in your own words exactly what you are needing or wanting to achieve by shadowing our curators and what outcome are you looking for by the end of your program with us?</p> | <p>OR</p> | <p>Please tell us in your own words exactly what your specific assignment or paper requirements are? What outcome are you looking for by the end of your program with us?</p> | |
| <p> </p> | | | |

IF YOU ARE WANTING TO SHADOW ONLY WITH US YOU DO NOT NEED TO COMPLETE AND RETURN THE REST OF THIS FORM OR PAGES BELOW.

NB: Interns are charged an additional fee per week which is quoted according to their specific requirements, but which is a minimum of a 15% surcharge.

Please note that you need to provide us with proof of your medical insurance cover. Your medical information is required by us in the unlikely event that you are unable to speak for yourself and need emergency treatment.



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ONLY TO BE FILLED IN BY STUDENTS WITH SPECIFIC TASKS FOR COLLEGE/UNIVERSITY

ABOUT YOUR COLLEGE/UNIVERSITY:

| | | | |
|-------------------------------|--|------------------------------|--|
| Name of College or University | | | |
| Full Address: | | | |
| Telephone Number | | Country Dialing Code | |
| Name of Supervisor | | E-Mail address of Supervisor | |

Is there any paperwork that we need to complete before, during or after your time with us? If so, please list **ALL** these documents in the table below and attach sample copies to your application.

| DOCUMENT NAME | SUBMIT/ DUE BY | NO OF PAGES | ATTACHED? |
|---------------|----------------|-------------|-----------|
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ABOUT YOUR STUDIES:

| | | | |
|--|--|-----------------------------------|--|
| What year did you finish school? | | What other studies have you done? | |
| What degree, diploma or certificate are you studying? | | | |
| How many years is this degree, diploma or certificate? | | What year are you in now? | |
| What are your current subjects? | | | |

SUPERVISORS COMMENTS/QUERIES:

| |
|--|
| |
|--|

STUDENTS COMMENTS/QUERIES:

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|--|
| |
|--|

| | | | |
|-----------------------------|--|---------------------------------|--|
| SIGNED BY SUPERVISOR | | SIGNED BY INTERN/STUDENT | |
| DATE: | | DATE: | |



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