



EXTERN APPLICATION



Date: _____
 Name: _____ Phone #: _____
 Address: _____ Email: _____
 City: _____ State: _____ Zip: _____
 Emergency Contact: _____ Relationship: _____
 Emergency Phone: _____ Secondary Contact: _____
 Graduation Date: _____

Are you currently a student in school? Circle one: YES NO

If yes, where are you currently enrolled in school? What is your focus of study?

Previous Volunteer or Internship Experience:

Why do you want to extern at the Los Angeles Zoo?

Do you have any health conditions that would limit your service at the Los Angeles Zoo?

Upon acceptance into the externship program, it is **MANDATORY** that you provide clear TB test results within the last year, as well as get your fingerprints taken by the City of Los Angeles Personnel Department through an appointment set up by the Los Angeles Zoo. Do you understand and agree to the above? YES _____ NO _____

Please Mark the box below

___ **Animal Health** (Only open to final year veterinary students and first year veterinary graduates) This externship is 40 hours/week unpaid for 6 weeks. (Must include copy of Drivers license with this application.)

Available Dates: _____ **Times:** _____

Email to: Michelle Ramirez, Administrative Clerk
 Michelle.Ramirez@lacity.org