



4004 E 800 N
Battle Ground, IN 47920
(765) 567-2265
Fax (765) 567-4299
www.wolfpark.org

Practicum Application

Today's date: _____

First and last name: _____

Date of birth: _____ Phone number: _____

Email address: _____

Dates Available for Practicum:

Option #1	Start Date:		End Date:	
Option #2	Start Date:		End Date:	
Option #3	Start Date:		End Date:	

How flexible are your dates? _____

Current mailing address: (good through: _____)

Street: _____

City: _____ State: _____ Zip: _____

Country: _____ Phone (if different from above): _____

Permanent mailing address: (If different from Current)

Street: _____

City: _____ State: _____ Zip: _____

Country: _____ Phone (if different from above): _____

Education:

Current or last school attended: _____

City/State/Country: _____

Expected or actual date of graduation: _____

Field of study: _____



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Other school attended: _____ Date(s) attended: _____

Address: _____

Field of study: _____

Other school attended: _____ Date(s) attended: _____

Address: _____

Field of study: _____

Employment history: (list most recent first)

Employer: _____

Address: _____

Start date: _____ End date: _____

Position: _____

Responsibilities: _____

Reason for leaving (if applicable): _____

Employer: _____

Address: _____

Start date: _____ End date: _____

Position: _____

Responsibilities: _____

Reason for leaving (if applicable): _____



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Employer: _____

Address: _____

Start date: _____ End date: _____

Position: _____

Responsibilities: _____

Reason for leaving (if applicable): _____

Background:

Have you ever been convicted of a criminal offense? Yes No

If yes, please provide details: _____

Have you ever used a different name? Yes No

If yes, please provide details: _____

Our park often has children on the premises. Do you have any legal restrictions concerning work around children? Yes No

If yes, please provide details: _____



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Getting to know you: Please provide a brief response to each question, or feel free to attach longer answers on a separate piece of paper.

What attracted you to the Wolf Park practicum program?

Do you have any experiences which will be helpful to you while you are participating in the Wolf Park practicum program?

What are your goals during your practicum?

Are you planning to do a research project during your practicum? If so, please briefly describe it.

Future plans:

Do you have plans to obtain further education? If yes, please provide a brief description.

What are your future career goals?

Are you a member of any clubs or organizations, or do you do any volunteer work?

Is there anything else you would like to tell us as we consider your practicum program application?



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Agreements:

Agree Do not
 agree

<input type="checkbox"/>	<input type="checkbox"/>	I am 18 years of age or older.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that submission of this application does not assure acceptance into the Wolf Park practicum program.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that practicum program dates are dependent upon availability and are not guaranteed.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that I am not required to work during my practicum, but that it is greatly appreciated if I do.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that I cannot smoke within any of the buildings on the property.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that use of alcohol or illegal drugs on Park property will be cause for immediate dismissal from the program without refund.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that I will be required to be respectful of others and their property while on the Wolf Park grounds.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that I will most likely be sharing living quarters with others.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that I must be immunized for tetanus prior to arrival at Wolf Park.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that some jobs at Wolf Park have minimum physical requirements for participation.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that there will be a program fee due upon acceptance.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that if I choose not to participate in the program after an offer has been extended, I must notify Wolf Park as soon as possible.
<input type="checkbox"/>	<input type="checkbox"/>	I understand the practicum cancellation policy outlined in the practicum section of the Wolf Park web site.
<input type="checkbox"/>	<input type="checkbox"/>	I understand a background check will be performed on my after I accept this position, due to the fact that I will possibly be working around young children.

Signature: _____

Date: _____



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Application Submission Checklist

Use this to make sure you are sending in a complete application:

- Completed application form
- Resume (providing info on work, education, and other life experience)
- Transcript (if you are a student and want to help us learn about your educational background and coursework)
- Short, 4-6 paragraph, description of yourself to help us get to know you a bit
- Minimum 2 letters of recommendation (These must be from individuals with whom you have a professional, not a personal, relationship. They should be on letterhead stationery, and be signed. It is nice if we hear from both teacher/professors and employers or other supervisors.)

Acceptance Check List:

This is what we will need from you to finalize your position, if you are invited to join the program:

- Signed contract
- Minimum \$200 Deposit
- Completed Emergency Form
- Insurance information
- Recent photo of yourself