

OKLAHOMA AQUARIUM®



The Oklahoma Aquarium offers internships for college students who are interested in gaining an educational experience and class credit in a world-class marine facility. The Oklahoma Aquarium is dedicated to its mission *“To educate and inspire conservation of our aquatic world through interactive discovery”* and strives to preserve the integrity of aquatic ecosystems through research and public education.

Opportunities are available in the following areas:

- **Aquarium Husbandry**
- **Life Support Systems**
- **Laboratory Technician**
- **Educational Programs**
- **Marketing**
- **Production**

The Oklahoma Aquarium requires the participating school to offer at least 1 college credit hour for successful completion of the internship. Dependent on the department, duties may include assisting aquarium staff with animal husbandry tasks, helping teams with research projects, teaching and/or preparing lessons in our Education Department, assisting with marketing and digital strategy, performing water quality tests in our chemistry lab, and assisting with exhibit production. Once your application is reviewed, every effort will be made to find a suitable placement.

Oklahoma Aquarium Intern Application Form

(Please Print or Type)

Internship Information

Today's date: _____

Last Name First Name Middle Name

Current Address City State Zip Code

Home / Work / Cell Phone (Circle One) Alternate Home / Work / Cell Phone (Circle One)

Permanent Address City State Zip Code

Permanent Home / Work / Cell Phone (Circle One) Alternate Home / Work / Cell Phone (Circle One)

E-Mail Address Social Security Number (optional)

Driver's License Number State Are you older than 18? ___ Yes ___ No

State any other name(s) you have used or by which you are known. _____

Have any of your relatives or friends worked here? ___ Yes ___ No

If yes, state name and relationship _____

Have you ever been convicted of a felony? ___ Yes ___ No

If yes, please describe fully (use additional pages if necessary). Any conviction will be considered only as it relates to fitness to perform the position being sought.

Please list any medical, physical, or other problems that may prevent you from performing the essential functions of the position.

Please list an emergency contact.

First Name	Last Name	Relationship
<hr/>	<hr/>	<hr/>
Home / Work / Cell Phone (Circle One)	Alternate Home / Work / Cell Phone (Circle One)	

Have you ever been a volunteer? _____ Yes _____ No

If yes, please list organization and your responsibility.

Organization	Responsibility
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Organization	Responsibility
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II. Internship Information

Please check the internship you are applying for:

- Aquarium Husbandry
- Life Support Systems
- Laboratory Technician
- Educational Programs
- Marketing
- Production

III. Education

Please list the last school that you attended or are currently enrolled in.

Name of School	City	State
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Type of school (circle one): College / Graduate School / Technical School

_____ _____
Course of Study Status as of today's date (sophomore, Junior, Senior, Graduate)

_____ _____
Expected Degree/Diploma Expected Completion Date

Are you earning credits for this internship? Yes No
If yes, how many hours are you required to complete for this internship? _____

Please list faculty sponsor: _____

Phone: _____ E-Mail Address: _____

Please list all courses that you have taken that would relate to an Oklahoma Aquarium internship:

IV. Special Skills

List any foreign languages that you:

Speak: _____

Write: _____

Understand: _____

Please note any special skills, training, activities or interests that you feel would help qualify you for an internship:

V. Work Experience

If currently employed, please list your job:

Position	Company Name	Phone Number
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Please note any prior work experience that would help qualify you for an internship:

What specific kind of work experience do you hope to gain from this internship?

What are your career goals, and how will this internship help you to achieve those goals?

VI. Additional Reference Please provide one additional reference in addition to your college representative

_____	_____	_____
First Name	Last Name	Relationship
_____	_____	
Home / Work / Cell Phone (Circle One)	email	

IMPORTANT * CERTIFICATION * PLEASE READ BEFORE SIGNING

All Oklahoma Aquarium volunteer internships are unpaid positions. I certify that the information I have entered on this form is true, accurate, and complete to the best of my knowledge. I authorize the Oklahoma Aquarium, or its authorized agents, to thoroughly investigate my references, work records, education, and other matters relating to my suitability for the internship and further authorize my current and former employers to disclose all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release the Oklahoma Aquarium, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I understand that if I conceal or enter false information on this form, my name may be removed from consideration and I may be removed from the Intern Program with the Oklahoma Aquarium; that the information in this application may be released by the Oklahoma Aquarium in accordance with applicable law, and that for the purpose of this certification, a photocopy of my original signature shall have the same force and effect as my original signature.

I understand and agree to the information shown above.

_____	_____
Signature	Date

**Please read and sign the attached Release of Liability,
and submit with your Application and Resume to:**

**Intern Coordinator
Oklahoma Aquarium
P.O. Box 910
Jenks, OK 74037**

OKLAHOMA AQUARIUM INTERN RELEASE OF LIABILITY

That I, _____ (print of type name), being of lawful age, do hereby acknowledge that I have requested to participate in an internship program at the Oklahoma Aquarium, A facility operated by the Jenks Aquarium Authority, a trust of the City of Jenks, Oklahoma. That I acknowledge there are risks of physical injury while participating in the internship program. That I assume such risks and agree to hold the Oklahoma Aquarium, the Jenks Aquarium Authority, the City of Jenks, Oklahoma, their officers, agents, and employees harmless for any claims for personal injury which I may sustain as a result of participating in the internship program, including actions of third parties, unless the same is caused by the intentional act of an employee of the Oklahoma Aquarium. I further understand that as an unpaid intern, if I am injured while participating in the internship program, that I will not be entitled to claim compensation under the Oklahoma Worker's Compensation Act.

Dated this ____ day of _____, _____

Intern Applicant: _____
(Signature)

(Print or type name)

Parent of Guardian if Applicant is under 18 years of age:

(Signature)

(Print or type name)