

Dolphin Pod Intern Information Form

Dolphin Journeys LLC

Name: _____ Name preferred: _____
Last First Middle

Home Address: _____ City: _____ State: _____ Zip: _____

Male Female Age: _____ DOB: ____/____/____ Grade entering next: _____

Social Security# _____ Drivers Lic. # _____ State _____

Home#: () _____ Pager/Cell: () _____ Fax#: () _____

Parent's E-mail: _____ Intern's E-mail: _____

Mother's Name: _____ Mother's Work#: () _____

Father's Name: _____ Father's Work#: () _____

My Space address: _____ **Face Book address:** _____

In Case of Emergency, contact: _____

Name and address of school you attend: _____

Your College major: _____

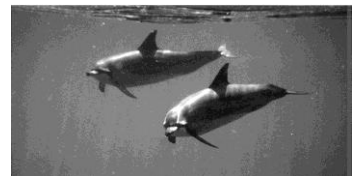
Other Internships +Where +Length of time, you have participated in: _____

Date you are available/ breaks in your school schedule: _____

Spring session Summer session Fall session Winter Break

Person accompanying you: _____

What is your intent/goal for the Dolphin Pod experience: _____



Insurance information: Name of Medical Insurance: _____

Policy Number: _____

Information regarding your physical, emotional or mental health that would be helpful to know:

Drugs you are taking: _____

Please check with your Doctor about sun sensitivity.

Have you had any Trauma in your life, if so, explain?

Family Life



How many siblings do you have? _____ Ages? _____

Are your parents: Married Separated Divorced

Do you have any other significant adult in your life, such as a special Aunt/Uncle, a Grandparent you spend much time with, a Friend, Teacher, Coach? _____

Who is your Best Friend (s)? _____

Do you have a boyfriend/girlfriend? _____

How long/ how serious? _____

Lifestyle

Do you have a daily exercise regime? _____ if yes, what? _____

Do you smoke tobacco or any other substance? Yes No

What is your average weekly consumption of alcohol and/or other recreational drugs?

I never drink alcohol Other Drugs you consume/smoke for recreation: _____

I will drink on special occasions, less than 2x per month

I enjoy an occasional alcoholic drink 1 or more times a week

I like to Party Friday & Saturday nights

I have a beer, wine or hard drink most days

I drink alcohol as often as possible



What level of swimmer are you? _____

Have you taken: CPR date: _____ First Aid date: _____

Life Saving/Life guard course Yes No

Are you a certified SCUBA diver? Yes No PADI NAUI Other _____

Have you lived away from home before? _____ How many weeks, months, years _____

What is your favorite food? _____ Do you consume it daily? _____

What is your favorite color? _____

What is the best book you have read? _____

What is your favorite movie? _____

What is your favorite song or musician? _____

Any thing else you want to share with me or the Dolphins about who you are, what you are passionate about? _____



Employment History

(We understand you are in school, and many students have valuable job or volunteer experience)

Current Job: _____ Start Date: _____

Summary of Duties:

Previous Job: _____ dates: _____

Summation of Duties:

Volunteer Projects: Now and in recent Past:

What was your favorite job? _____

What was special about it?

What was your worst job? _____ What was so horrible about it?

Do you know your communication style? _____ (Verbal, Auditory, Touch)

Describe:

How do you like to receive bad news?

Internship Objectives

What do you expect of your internship with Dolphin Journeys?

List 3 Objectives you plan to accomplish?

1. _____

2. _____

3. _____

What do you plan to do – after your internship? _____

References – teacher, boss, volunteer coordinator, coach

Name

Address

email

1. _____

2. _____

3. _____

Permission: For interns under the age of 21.

I give permission for _____ to participate in The Dolphin Pod Internship program, sponsored by Dolphin Journeys and to have any audio, video, and still photographs taken of the intern which becomes property of Sea Life, Dolphin Journeys, to be used only for promotional or educational reasons. I will not hold Dolphin Journeys, LLC. responsible for any accidents or injuries incurred while at Sea Life.

Parent's signature

Date

THANK YOU!