



# Internship Application

**Please Print:**

Date \_\_\_\_\_ Driver's License# \_\_\_\_\_

Name \_\_\_\_\_

Preferred Name on Name Badge \_\_\_\_\_ SSN # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ e-mail \_\_\_\_\_

What is the best way and time to contact you? \_\_\_\_\_

College (if currently attending) \_\_\_\_\_ What year? \_\_\_\_\_

Major \_\_\_\_\_

Do you attend  Part Time?  Full Time?

Please list future goals and aspirations. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you speak any foreign languages (including sign language)? \_\_\_\_\_

Please list any previous intern experience: \_\_\_\_\_

\_\_\_\_\_

What do you hope to gain by interning at Moody Gardens'? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where did you learn about the Moody Gardens' Internship Program? \_\_\_\_\_

Please list any medical/health issues that we should be aware of: (i.e. – allergies, physical limitations, medications, etc.) – \_\_\_\_\_

\_\_\_\_\_

Have you ever interned, volunteered or worked with Moody Gardens' before?  Yes  No

Can you swim?  Yes  No Are you SCUBA certified?  Yes  No

Please check the area(s) in which you are interested in interning?

- Education       Hotel & Hospitality       Life Sciences (Aquarium and Rainforest)  
 Marketing       Other (Sales, Theme Park Management, etc.)

Please indicate all days and times that you are available. (Your intern assignment will be scheduled in four-hour shifts w/ a 3-hour minimum per day.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (8-12 a.m.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (1-5 p.m.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**In case of an emergency, please contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**If you are a certified diver, please complete the following:**

Type and level of certification \_\_\_\_\_ Date of certification \_\_\_\_\_

Number of dive hours logged \_\_\_\_\_ Where were you certified? \_\_\_\_\_

Special dive experience/skills \_\_\_\_\_

In addition, please provide a copy of your certification card and bring your dive log to your first interview.  
A Medical Release Form must be completed and filed with the Dive Safety Officer before you begin interning.

**PLEASE READ THIS STATEMENT CAREFULLY!**

I hereby affirm that the information given by me on this application is complete and accurate. I understand that any falsification or omission will be immediate grounds for dismissal from the Intern Program. I authorize a thorough investigation to be made concerning my character; general reputation, employment and education background and criminal record whichever may be applicable. I understand what this investigation may include and I hereby authorize the release of documents, and personal interviews with third parties, such as prior employers, family members, business associates, financial sources, friends, neighbors or others with whom I am acquainted.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Moody Gardens, Intern Coordinator  
One Hope Boulevard  
Galveston, Texas 77554

(800) 582-4673 ext. 4108  
(409) 744-4673 ext. 4108  
[volunteers@moodygardens.com](mailto:volunteers@moodygardens.com)

Interview Date _____	Entered into Database _____
Start Date _____	Name Tag _____
Uniform _____	Time Card _____
Tour _____	Orientation/Training _____
Notes _____	