



520 Barracuda Blvd
New Smyrna Beach, FL 32169
386.428.4828
MarineDiscoveryCenter.org

Internship program application

Part I – Personal Information

Name

Last: _____ First: _____ Middle initial: _____

Email address: _____

Primary phone: _____

Emergency Contact: _____ Emergency Contact #: _____

Permanent address

Street: _____

City/State: _____ Country: _____ Zip: _____

Local/campus address (if different from above)

Street: _____

City/State: _____ Country: _____ Zip: _____

How did you hear about the Marine Discovery Center internship program?:

- School career center Family/Friend Professor
- MDC Staff/Volunteer Event Website/Social Media
- Other _____

Part II – Internship Information

College

School: _____ Overall GPA: _____

Circle One: Graduate Senior Junior Sophomore Freshman

Major: _____ Graduation Date: _____

Course Requiring Internship (if applicable): _____

Course Professor: _____ Professor's Email _____

Internship

Circle the MDC opportunity that interests you

Education Exhibits Administrative Conservation

Other: _____

Semester

Circle the semester(s) that interest you

Fall Semester Spring Semester Summer Semester Other: _____

Please select your availability during the week:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							

Notes:

Marine Discovery Center requires all interns (18+) to submit to a criminal background check (cost of \$17.50) per the Volusia County School Board Jessica Lunsford Act.

Part III – Medical Information

In order to provide the best possible handling of certain situations, please complete the following medical information:

Do you:

A) Have an allergy to insect stings: Yes ____ No ____ Use an EpiPen? Yes ____ No ____

B) Have an allergy to penicillin or particular serums? Yes ____ No ____

If yes, please indicate which _____

C) Have diabetes? Yes ____ No ____

D) Have epilepsy? Yes ____ No ____

E) Have asthma? Yes ____ No ____ Use an inhaler? Yes ____ No ____

F) Have any other allergies or disabilities? Yes ____ No ____

If yes, please describe _____

G) Is there any other health condition that may affect your participation in any part of the program? (mental/physical limitation or condition)? Yes ____ No ____

If yes, please describe _____

EMERGENCY NOTIFICATION

Personal Contact

Name _____ Relationship to Volunteer _____

Cell or Primary Phone # _____

Street _____ City _____ State ____ Zip _____

Email Address _____

Family Physician

Name _____

Phone Number _____

Comments: _____

If you cannot reach my emergency contact, I hereby authorize the Marine Discovery Center to call the physician indicated above and follow his instructions. If it is impossible to contact the physician or in an emergency situation, the Center may make whatever arrangements it deems necessary in its best judgment.

Signature of Volunteer _____ Date _____

Part IV – Volunteer Expectations

Volunteers are an integral part of the operations of Marine Discovery Center. We appreciate your interest in becoming part of the MDC team. As a volunteer with our organization, you can be assured that:

- You will be treated professionally and courteously by MDC staff and other MDC volunteers
- You will be fully trained to participate in the activities for which you are volunteering
- Any complaints or concerns you have about your internship will be listened to and addressed as quickly as possible

As a volunteer for Marine Discovery Center, you will be acting as a representative of the organization. For that reason, we ask that you:

Conduct yourself in a professional and courteous manner at all times when working on behalf of MDC

Read and respond appropriately to all MDC volunteer communications

Wear the appropriate attire for your designated activities

Honor the intern commitments that you make to us. This includes completing assigned tasks or arriving to events on time and notifying the appropriate staff as soon as possible if you are unable to do so

By signing this agreement, I agree to abide by the above expectations for MDC interns. I understand that I as a Marine Discovery Center intern, I may participate in programs that may include certain risks. My signature below is acknowledgement that I hereby waive any and all claims against the Marine Discovery Center, and all associated parties, for any damage or injuries that I may incur during my internship. Further, I also acknowledge that Marine Discovery Center will conduct any necessary background checks on me and that my signature below grants permission for them to do so.

Signature: _____ Date: _____

Print Name: _____

Part V – Confidentiality Policy

In performing their duties, Marine Discovery Center staff, board members, interns, and volunteers are privy to information about individuals and families, such as giving history, assets, wealth and family relationships. This is especially true for staff, board members, interns and volunteers involved in fundraising and development activities. Due to the sensitivity of this information, it is important that all Marine Discovery Center staff, board members, interns and volunteers adhere to the policy that information shared with them remains confidential, is not discussed with others in private or public settings and is not disclosed or used for any other purposes.

By signing this agreement, I agree to comply with this policy. Violation of this policy is grounds for discipline or removal of the offending person(s) from their position(s) with the Marine Discovery Center.

Signature: _____ Date: _____

Print Name: _____

Part VI – Acknowledgement of Understanding & Agreement

We are pleased that you have shown a keen interest in becoming an intern for the Marine Discovery Center, Inc. We welcome your interest. In our efforts to provide a safe and supportive atmosphere for all involved, we have developed Policies & Procedures which address Child Sexual Abuse Prevention and Workplace Sexual Harassment Prevention.

Please review the document *Mitigating the Risk of Child Sexual Abuse & Workplace Sexual Harassment* and complete this form acknowledging that you have received and agreed to the specified policies and procedures. By signing this form I acknowledge that I have received, read, understand and agree to strictly comply with the Marine Discovery Center, Inc. Policies & Procedures regarding Child Sexual Abuse Prevention and Sexual Harassment Prevention. I also acknowledge and agree that the following Zero Tolerance information was included in the Employee/Volunteer/Intern Training:

- The Marine Discovery Center, Inc. has a Zero Tolerance Policy against any form of Child Sexual Abuse and Harassment, including Workplace Sexual Harassment. Employees, Volunteers, or Interns who violate the MDC policy may be subject to disciplinary action, up to and including termination of employment.
- Child Sexual Abuse, Harassment, and Workplace Sexual Harassment were clearly defined, and I was made aware of the Florida Statute 39.201 which mandates the reporting of any child abuse or suspicion of child abuse.
- The MDC Prevention & Procedures Plan for addressing and reporting Child Sexual Abuse Prevention were provided
- The MDC Prevention & Procedures Plan for addressing and reporting forms of harassment including Workplace Sexual Harassment were provided

Complete and Sign Below:

Name (Print) _____

Home Phone: _____

Address: _____

Work Phone: _____

Signature: _____

Date: _____

Parent/Guardian Signature Required for Volunteers Under the Age of 18:

Parent/Guardian Signature: _____

Date: _____