SPRING 2024



| Name | Student Intern Program |
|----------|--|
| Street A | Address |
| City | Zip |
| email _ | phone |
| School | you will be attending in 2024- 2025 |
| Grade y | ou will be entering in the 2024- 2025 school year |
| 1. What | t previous experience do you have at SICSA? Check all that apply. |
| | ENOTE: Question #1provides background information ONLY. Previous SICSA experience is not a ment of the Student Intern Program. |
| | Family adopted a pet from SICSA Parent-Youth-Partner (PYPer) |
| | Summer camp participant |
| 2. What | t do you wish to achieve as a student volunteer? |
| | |
| 3. SICS | A's mission is "To promote the welfare and adoption of companion animals and nurture loving, lifelong |
| relation | ships between animals and people." How do you see yourself helping to fulfill this mission? |
| | |
| | |

4. To what other clubs/organizations/teams do you currently belong? Please indicate any leadership positions you now hold or have held in these groups.

| 5. What experience do you have working with anii | mals? |
|--|---|
| 6. What would other people describe as your stre | ngths? |
| | |
| 7. What would other people describe as your wea | knesses? |
| 8. Provide three teachers/adult supervisors (i.e., recommendation. References from family memb | Employer, Scout Leader, Pastor, Coach) to be contacted for a pers are not considered. |
| Name of Teacher/Adult Supervisor | e-mail address |
| Name of Teacher/Adult Supervisor | e-mail address |
| Name of Teacher/Adult Supervisor | e-mail address |

Please return this application to SICSA by February 29, 2024

Thank you for applying. If you have any questions please contact Leah O'Malley, SICSA Volunteer Manager, at lomalley@sicsa.org.