

## California Collaborative Fisheries Research Program Internship Application

Name:	Phon	ie: ()			
Address:					
City:	State:	Zip Code:			
Email:					
Date of Birth: / /	Ge	ender: Male	Female		
Emergency Contact Information					
Name:		Relationship: _			
Address:					
City:	State:	Zip Code:			
Home/Mobile Phone: ()	Wo	ork Phone: (	_)	-	
Would you like to receive academic credit for this internship? Yes No					
School:	Major	r / Field of Inter	est:		
College Grade Level: Fresh	man 🗌 Sophomo	ore Junior	Senior	Graduate	
Do you have a means of transportation? Yes No					
The 2017 CCFRP internship will have the following timeline:					

June	Training and gear prep
July	Field work
August	Field work
September	Field work

Depending on our need after the field season, office work and data entry experience might be available, if interested.

Will you have any scheduling conflicts with this internship's timeline?

How many hours pe	er week	are wil	ling to	work	?					
5 - 10 10	- 15 🗌	] 15 -	20	] 20	- 25 🗌	] 25	+			
When are you availa	able to v	work?								
Mon 🗌 Tue		Wed		Thr		F		S	S	

This is an **<u>unpaid internship</u>**. What interests you about an unpaid internship with CCFRP and what do you hope to gain as an intern?

Do you have any experience working on boats or handling fish?

In your opinion, what is the greatest challenge facing our oceans today?

Please provide any additional information you feel is important for us to know.

## Professional References

Name:	Relationship:		
Address:			
City:	State:	Zip Code:	
Home/Mobile Phone: ()		Work Phone: ()	
Name:		Relationship:	
Address:			
City:	State:	Zip Code:	
Home/Mobile Phone: ()		Work Phone: ()	

Please attach resume and email, fax or mail to:

CA Sea Grant / Moss Landing Marine Laboratories 8272 Moss Landing Rd | Moss Landing, CA 95039

e: seagrant@mlml.calstate.edu f: (831) 632-4403 (Attn: CA Sea Grant)