



## California Collaborative Fisheries Research Program (CCFRP) Internship Application

Name: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender: Male ☐ Female ☐

### Emergency Contact Information

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home/Mobile Phone: ( \_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_ ) \_\_\_\_\_

Would you like to receive academic credit for this internship? Yes ☐ No ☐

School: \_\_\_\_\_ Major / Field of Interest: \_\_\_\_\_

Grade Level: Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate ☐

Do you have a means of transportation? Yes ☐ No ☐

This internship would likely begin in **June/July** and end in **September**. Are you able to commit to this time period?

How many hours per week are willing to work?

5 – 10 ☐ 10 – 15 ☐ 15 – 20 ☐ 20 – 25 ☐ 25+ ☐

When are you available to work?

Mon ☐ Tue ☐ Wed ☐ Thr ☐ F ☐ S ☐ S ☐

Why are you pursuing an unpaid internship?

What interests you about an internship with CCFRP and what do you hope to gain?

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: \_\_\_\_\_

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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: [ccfrp@mlml.calstate.edu](mailto:ccfrp@mlml.calstate.edu)  
f: (831) 632-4403 (Attn: Fisheries Conservation and Biology Lab)