

Sea Turtle 2007 Application Form

Date Received By Program _____

Please complete this form completely to apply for this course. Thank you.

Name _____

SS# _____ - _____ - _____

Address _____

City _____, State _____. Zip _____

Telephone # School (____) _____

Home (____) _____

FAX (____) _____

e-mail _____

Gender: Female ___ Male ___

School System _____ Certification Level: _____

School _____ Grade Taught _____ Subject(s) _____

- Partners in Group:
1. _____
 2. _____
 3. _____
 4. _____

College Degree(s): _____ from _____

Previous Science Course(s):

Yes No My health is generally good. (I have no medical problems which need to be called to your attention).

If No; What problem(s) do we need to be aware of?

Yes No I currently carry, or will acquire, health/accident insurance for this class.

Yes No I am currently enrolled in the GSU Graduate School.

In case of an emergency, Please contact: _____

Address: _____

City _____, State _____.

Zip _____

Telephone # (_____) _____
(_____) _____

Write a paragraph or two in the space below describing the attributes you possess which will advance sea turtle conservation if you are selected as an intern. Please type or word process this section. Submit via e-mail or send as a separate sheet.

The planned internships will be for six-day interval during which the interns will live on the Island and monitor their beaches on a daily basis. See the tentative dates below....

Training Meeting 1	May 19	Face to Face Meeting in Statesboro
Training Meeting 2	May 26 (if necessary)	Distance Learning Meeting from Statesboro
Internship	July 13 - July 20	Residence on St. Catherines Island
Post-Service Meeting	September, 15th and/or 16th.	DVD distribution at St. Catherines

I agree to attend all meetings. _____ Date _____

I will attend the follow-up distance learning course Spring Semester '08.

_____ Date _____

I will enroll in the GSU courses by immediately applying for admission to GSU Graduate School

_____ Date _____

Please list two references, one personal and one professional [your immediate supervisor] and have each one of your references send a letter of recommendation to us immediately. You will be evaluated from the information on this application and letters of recommendation for one of the internships. It is your responsibility to be sure your letters have been sent.

Personal

Professional (Immediate Supervisor)

Telephone () _____

Telephone () _____

COMPLETE THE APPLICATION ABOVE AND MAIL A HARD COPY TO:

Kelly Vance and Gale Bishop
Department of Geology and Geography
Georgia Southern University
P. O. Box 8149
Statesboro, GA 30460-8149

IF YOU WANT TO ESTABLISH PRIORITY BY AN EARLY DATE OF APPLICATION, SEND IN A HARD COPY as instructed above; THEN, e-mail your application to the following address: gbishop@geotrec.org and a copy to rkvance@georgiasouthern.edu.