

# Internship Application

## APPLICATION FOR VOLUNTEER SERVICE

**An application must be completed and signed each season to be eligible for consideration**

**Port Huron Museum**

Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(Last Name or Group Name w/ Contact Person) (First) (Middle Initial)

Address \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

Contact Phone Number (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Are you over 18 years of age?

Yes  No

Are you a U.S. citizen?

Yes  No

Position Applying for: \_\_\_\_\_

### AVAILABILITY FOR INTERNSHIP:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Hours per week available: \_\_\_\_\_

### WORK AND EDUCATION EXPERIENCE:

#### WORK EXPERIENCE:

If there has been a change in your work experience since you last volunteered with MSHP, please indicate it below.

DATES		NAME & COMPLETE ADDRESS OF EMPLOYER (City, State, Zip Code)	SUPERVISOR'S NAME/TITLE AND PHONE NO.	REASON FOR LEAVING
FROM	TO			
Mo/Yr	Mo/Yr			

Paid position     Unpaid position

State title and describe in detail the work you did: \_\_\_\_\_

DATES		NAME & COMPLETE ADDRESS OF EMPLOYER (City, State, Zip Code)	SUPERVISOR'S NAME/TITLE AND PHONE NO.	REASON FOR LEAVING
FROM	TO			
Mo/Yr	Mo/Yr			

Paid position     Unpaid position

State title and describe in detail the work you did: \_\_\_\_\_

**EDUCATION EXPERIENCE:**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				

**CRIMINAL RECORD**

Have you ever been convicted of a crime?     Yes     No    Date \_\_\_\_\_ Where \_\_\_\_\_

Have you ever been convicted of a felony?     Ye     No    Date \_\_\_\_\_ Where \_\_\_\_\_

Charge \_\_\_\_\_ Disposition \_\_\_\_\_

Please explain \_\_\_\_\_

**PRIOR EMPLOYMENT ACTIONS**

Have you ever been disciplined, suspended, or discharged from previous employment?     Yes     No

If yes, please explain \_\_\_\_\_

**Person to Notify in Case of Emergency**

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an employee, any false statement, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

**Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

*Thank you for completing this application form and for your interest in working with us.*