



Intern Application

Please return completed form WITH resume and cover letter to: llusk@tcmupstate.org

Part I. Personal Information

Name (Last, First): _____

Gender: Male Female

Internship Applying For: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home / Work Phone: _____ Cell Phone: _____

Email Address: _____

DOB: ____/____/____

Part II. Personal References

Please list two (2) references who have known you for at least one (1) year.

Name: _____

Phone: _____ Email: _____

Relationship: _____

Name: _____

Phone: _____ Email: _____

Relationship: _____

Part III. Emergency Contact Information

Please list two adults who may be contacted in the event of an emergency:

- 1. _____
Name Relationship Phone Number/s

- 2. _____
Name Relationship Phone Number/s

Part IV. Volunteer Availability (*Attach documents as necessary*)

Briefly explain why you want to be an intern at The Children’s Museum of the Upstate:

How did you hear about The Children’s Museum of the Upstate?

What specific course requirements / learning goals do you hope to meet through this internship?

How many hours are needed to meet your internship requirements?

Please indicate the day(s) and time(s) you are available on the chart below:

Hours Available			
	Mornings	Afternoons	Evenings
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Semester(s): _____			Fall _____ Spring _____ Summer _____ School Year _____ Calendar Year

Part V. Personal Inventory

Please check all that apply to you.

Skills / Training / Experience:

- | | |
|---|---|
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Theatre Arts |
| <input type="checkbox"/> Cooking / Nutrition | <input type="checkbox"/> Music |
| <input type="checkbox"/> Education | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Science | <input type="checkbox"/> Fluent in other languages (please list): _____ |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Newsletter / Writing | |
| <input type="checkbox"/> Marketing | |
| <input type="checkbox"/> Retail | |

Education:

Highest degree or level completed:

- | | |
|--|---|
| <input type="checkbox"/> High School / GED | <input type="checkbox"/> Professional Degree (i.e. MD, DDS, JD) |
| <input type="checkbox"/> Some College / Associate Degree | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Doctorate (i.e. PhD, EdD) |

Are you currently in school? Yes No

If yes, what school / degree program?

Employment Status:

- | | |
|--|--|
| <input type="checkbox"/> <input type="checkbox"/> Employed full-time | <input type="checkbox"/> <input type="checkbox"/> Retired |
| <input type="checkbox"/> <input type="checkbox"/> Employed part-time | <input type="checkbox"/> <input type="checkbox"/> Not employed |

If employed, name of business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Part VI. Background Information

Do you have past / other volunteer experience?

General: No Yes: _____

With Children: No Yes: _____

Do you have any limitations or special needs in order to volunteer intern?

No Yes: _____

Part VI. Authorizations

As an intern, I **do / do not** authorize The Children's Museum of the Upstate to take and use without payment any photographs of me as needed for public relations, marketing, advertising, or internal training purposes.
Intern Applicant Initials: _____

By signing this application, I agree to the following:

That participating as an intern in programs, recreation and other activities of The Children's Museum of the Upstate is a privilege. I acknowledge that there are certain risks associated with these activities including physical injury and illness. I also expressly assume all risks while participating in the activities, whether such risks are known or unknown to me at this time. I further release the museum and its leaders, employees, volunteers and agents from any claim that I may have against them as a result of injury or illness incurred during the course of volunteering.

The Children's Museum of the Upstate, in the event of an accident or injury, will notify emergency contacts, to secure emergency medical attention, and to disclose information as TCMU deems necessary to secure such emergency medical attention.

I am fully immunized and inoculated as required by law, including Tetanus boosters and, to the best of my knowledge, I do not have any communicable diseases that have not been disclosed in this form.

Please list any medical needs, allergies, or concerns that TCMU should be aware of:

Intern initials: _____

Please read and sign (applications must be hand-signed, not typed):

I certify that the information provided in this application is true and correct, and has been given voluntarily. I understand that this information may be disclosed to any party with legal or proper interest, and I release The Children's Museum of the Upstate from any liability whatsoever for supplying such information. I understand that I will not be paid or otherwise compensated for my services as an intern. I agree to abide by any and all museum policies and understand that if I do not abide by museum policies, rules, and regulations, I may be dismissed from my position as an intern.

Intern Applicant Signature

Date

I hereby authorize The Children's Museum of the Upstate to conduct a background investigation. A Limited Criminal History check will be run on all applicants considered for internships. I understand the information from this investigation may be used in the determination of intern positions. I hereby authorize The Children's Museum of the Upstate to conduct a drug test. I understand the information from this drug test may be used in the determination of intern positions

Intern Applicant Signature

Date