**Please print clearly:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact Information** |  | |  | | | | **Today’s Date:** | | |
| **Name:** | | | | | | | | | |
| **Street Address:** | | | | | | | | | |
| **City:** | | **County:** | | | **State:** | | | | **Zip:** |
| **What is the best way for us to contact you? (Provide all that are applicable):** | | | **Home Phone:** | | **Cell Phone:** | | | | **E-mail:** |
| **Emergency Contact Name:** | | | | | | | | **Phone Number:** | |
| **Are you a member of the Howard County Historical Society?** | | | | **Yes** | | **No** | | * **No, but interested in information about membership** | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Academic Information** | |  |  | |  | |
| **School Enrolled In:** | | | | | | |
| **Degree Program:** | | | | | | |
| **Concentration(s):** | | | | | | |
| **Expected Graduation Date:** | **Cumulative GPA:** | | | **Number of Previous Internship Credits:** | | **Number of credits requested for this internship:** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Internship Details** |  | |  | | |  | | | |
| **Semester in which this internship will take place:** | | | | * **Fall 20** | * **Winter 20** | | | * **Spring 20** | * **Summer 20** |
| **Start Date:** | | **End Date:** | | | | | **Available Hours to Work per Week:** | | |
| What **days of the week** are you available for assignments (check all that apply)? | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| * Monday | * Tuesday | * Wednesday | * Thursday | * Friday | * Saturday | * Sunday |

**Provide a brief description of what you hope to achieve or accomplish with an internship at HCHS:**

|  |
| --- |
|  |

**Agreement and Signature**

I understand that being an intern is a serious responsibility and that I will be representing my school, as well as myself. I have carefully considered my academic load and other commitments and am able to devote the time and energy necessary to make my internship experience a successful one. I understand my responsibility in reporting any changes required to my work schedule to the Volunteer Coordinator (advance notice of required days off, vacation plans, illness, etc.).

|  |  |
| --- | --- |
| Student Intern Name (printed) |  |
| Signature |  |
| Date |  |

**Volunteer Coordinator**

I have reviewed this student’s internship application, discussed work opportunities and responsibilities and agree to discuss this student’s potential with the Executive Director who has final approval of this internship.

|  |  |
| --- | --- |
| HCHS Volunteer Coordinator Signature |  |
| Date |  |

**For Office Use ONLY:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Date** | | | | **Time** | | **Coordinator’s Name** |
| **Scheduled Conversation:** |  | | | |  | |  |
|  | | | | | | | |
| **This internship is:** | | * **approved** | | | | * **not approved** | |
| **HCHS Executive Director Signature:** | | | | | **Date:** | | |
|  | | | | | | | |
| **Is there any further follow-up needed?** | | * **Yes** | * **No** | **If answer is yes, please explain:** | | | |
|  | | | | | | | |