**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:** |
|  |