



INTERNSHIP APPLICATION

PERSONAL INFORMATION

Date: _____

Name _____						
Last	First	Middle	Maiden			
Present address _____						
Number	Street	City	State	Zip		
Telephone (____) _____			If under 18, please list age _____			
E-mail _____						

INTERNSHIP DESIRES

Interest Areas (Please check all that apply):

- Art Studio
 Development
 Education
 Exhibits
 Facilities
 Finance
 Human Resources
 Marketing/Membership Sales
 Visitor Experience
 Other _____

Desired weekly hours? _____ **Can you work evenings?** Yes No

When would you be available to start? _____

Please write in the time frame availability under the corresponding day (i.e. 8AM-5PM). Place and "X" on the days you are not available and write open if you available any time.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

EDUCATION

College/University: _____

Major: _____ **Minor (if applicable):** _____

- Grade Level:**
- Freshman
 Sophomore
 Junior
 Senior
 Graduate Student
 Recent Graduate

PROFESSION

Field of Expertise: _____

Are you currently employed? Yes No

May we contact your employer? Yes No If yes, provide phone number _____

Have you ever been convicted of a felony? Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

REFERENCES

Please list below two persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

APPLICATION FORM WAIVER

By signing below, I agree to the following statements:

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for an internship and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any other document used to secure an internship shall be grounds for rejection of this application or for immediate discharge if I am selected, regardless of the time elapsed before discovery.

I hereby authorize the Children's Museum of Phoenix (CMoP) to thoroughly investigate my references, work records, education, criminal background and other matters related to my suitability for an internship. I further authorize the employers, schools, and other references I have listed to disclose to the CMoP any and all documents, transcripts, letters, reports and other information related to these references, without giving me prior notice of such disclosure. I hereby release CMoP, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosures.

I understand that if I am selected, I will NOT be entering into an employment agreement with the Children's Museum of Phoenix. I understand that I am consider a volunteer intern and that there will be no compensation, financially or otherwise, and that there is no guarantee of employment at the end of my internship's term.

Signature of Applicant _____ Date: _____

We adhere to a policy of making decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity with Children's Museum of Phoenix depends solely on your qualifications.

Please submit this application, resume, and cover letter (if applicable) to:

Samara Rhett, Volunteer and Community Relations Coordinator
Email: srhett@childmusephx.org
Fax: 602-307-9833