

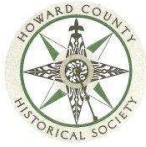
Howard County Historical Society Internship Program Application

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 | <ul style="list-style-type: none">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 | | <ul style="list-style-type: none">Fall 20__ | <ul style="list-style-type: none">Winter 20__ | <ul style="list-style-type: none">Spring 20__ | <ul style="list-style-type: none">Summer 20__ |
| Semester in which this internship will take place: | | | | | |
| Start Date: | End Date: | Available Hours to Work per Week: | | | |
| What days of the week are you available for assignments (Circle all that apply)? | | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday | |



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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 agreed 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: | <input type="radio"/> approved <input type="radio"/> not approved | | |
| HCHS Executive Director Signature: | Date: | | |
| | | | |
| Is there any further follow-up needed? | Yes | No | If answer is yes, please explain: |
| | | | |