

The High Desert Museum

Internship Application

Thank you for your interest in our internship program. Please provide the following information:

Name _____
(Last) (First) (Middle Initial)

Address _____
(Street) (City) (State) (Zip)

Phone () _____ Other Phone () _____

E-mail address _____

Emergency Contact

Name _____ Relationship _____
(Last) (First) (Middle Initial)

Address _____
(Street) (City) (State) (Zip)

Home Phone () _____ Work Phone () _____

Education:	Name of School	Dates of Attendance	Current Year	Field of Study
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High School	_____	_____	_____	_____
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Tech/Voc.	_____	_____	_____	_____
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College/University	_____	_____	_____	_____
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Other	_____	_____	_____	_____
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Address of School _____
(Street) (City) (State) (Zip)

Faculty Sponsor _____ Phone () _____

Address _____
(Street) (City) (State) (Zip)

Placement Information

Will credits be earned for this internship? Yes _____ No _____

What student or professional organization(s) do you belong to? _____

What volunteer/internship experiences have you had? _____

Indicate which of the following departments or programs you are interested in:

Education ____ Museum Collections ____ Archives and Library ____ Exhibits ____
Finance/Accounting ____ Volunteer Services ____ Human Resources ____ Sales ____
Zoological Care ____ Interpretation ____ Development ____ Public Relations & Marketing ____
Other (specify) _____

Dates you will be available for this internship: From: _____ To: _____

Total number of hours you are looking for in this internship: _____

What is your educational objective for this internship? _____

Why are you applying for an internship at The High Desert Museum?

Miscellaneous

Have you ever been convicted of a crime that may relate to the position which you are applying? Yes ____ No ____

If so, explain _____

References

Please provide us with two academic or professional references. Do not include relatives.

Name _____ Relationship _____
(Last) (First) (Middle Initial)

Address _____ Phone () _____
(Street) (City) (State) (Zip)

Name _____ Relationship _____
(Last) (First) (Middle Initial)

Address _____ Phone () _____
(Street) (City) (State) (Zip)

I certify that the facts set forth in this internship application (and any accompanying resume and transcript) are true and complete to the best of my knowledge. I understand that any falsification, omission, misrepresentation, or concealment of information on this application may be sufficient grounds for disqualification from further consideration for hire or immediate discharge, and that the Museum shall not be liable in any respect if my internship is so denied or terminated.

Signature: _____ Date: _____