

INTERNSHIP APPLICATION

For current internship opportunities, please visit our website at www.chmuseums.org.

APPLICANT DATA

POSITION(S) APPLIED FOR:

APPLICATION DATE (Month/Day/Year)

/ /

Full Name:

(LAST)

(FIRST)

(MIDDLE)

Address:

City:

State:

Zip:

Phone:

Cell:

Email:

Birthdate: Month and day:

EDUCATION & EXPERIENCE:

School:

Major/Minor:

Year/Class

Current GPA:

WORK EXPERIENCE OR PREVIOUS INTERNSHIPS:

DAYS AND HOURS AVAILABLE:

Mon:

Tues:

Wed:

Thurs:

Friday

REFERENCES:

APPLICANT STATEMENT :

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries into my background as may be necessary to determine my fitness for working with and around children. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

IMAGE RELEASE: In consideration of the opportunity to participate in CHM programs, I hereby agree to your recording of my name, appearance, image, voice and participation in the program for the use in any promotional and/or marketing or other CHM related materials.

Signature of Applicant:

Date:

Please complete and send with a cover letter and a copy of your resume to:

Internship Coordinator, 1444 Brattonsville Road, McConnells, SC 29726

Have a letter of reference with your name in the subject line emailed to: betcaughman@chmuseums.org