

INTERNSHIP APPLICATION

PERSONAL INFORMATION:

Name: _____ Birth Date (M/Y) _____

Address: _____

City/State/Zip: _____

Email: _____

Home Phone: _____ Cell or Work: _____

I prefer to be called at: Home _____ Cell or Work _____ Best time to call: _____

College/Graduate School Program: _____

Current GPA: _____ Major/Minor & Enrollment Year: _____

(Ex: Are you a college junior or senior? Are you in a 1st or 2nd year of graduate school?)

Please Note: Prior to the start of an internship with HSMC, students are responsible for any required approval from their educational institution to receive academic credit during their internship.

How did you learn about the internship program at HSMC? _____

Do you have any prior experience or specific skills that might apply to this internship? _____

What do you hope to gain from an internship at HSMC? _____

What days/hours are you available to work each week? _____

Areas you are interested in completing your internship in: *Please rank in order of your preference*

_____ Museum Administration/Management

_____ Marketing/Communications

_____ Living History Interpretation (including costuming)

_____ Research/Collections

_____ Archaeology/Material Culture

_____ Information Technology Museum

_____ Education (Family programs, group tours, events)

Please provide two references (name, phone number, and relationship):

1. _____

2. _____

Do you need any special accommodations to perform your internship? Please explain.

EMERGENCY CONTACTS

Contact 1 _____ Home Phone _____

Relationship _____ Work/Cell _____

Contact 2 _____ Home Phone _____

Relationship _____ Work/Cell _____

PHOTOGRAPH/VISUAL PRESENTATION AUTHORIZATION AND RELEASE

I understand that I am volunteering for the purpose of receiving experience, training, college credits (if any) or other non-monetary benefits, and therefore I RELEASE the State of Maryland, Historic St. Mary's City Commission, and its agents and employees, from any claim for pay or monetary benefits with respect to my volunteer activities, and I UNDERSTAND that, in the event of accidental injury or death in the course of my volunteer activities, I have limited State injury benefits and no worker's compensation or other form of compensation.

I hereby consent to the use of visual images taken of me during participation in the public programs by the Historic St. Mary's City Commission, the Historic St. Mary's Foundation, or the officers, agents, successors, assigns, or licensees of any of those entities, for the purposes of trade or resale, as well as for advertising, promoting, recording, filming, offering the benefits of or teaching about the facilities, programs, or services of the Historic St. Mary's City Foundation and the Brome-Howard Inn, including but not limited to the museum at Historic St. Mary's City and release all such entities from further publication to the undersigned or liability of such entities in connection herewith.

I will not inspect or approve the images, finished product, or the advertising copy of other written material that may be used in connection therewith or the use to which it may be applied.

Signature: _____ Date: _____

As the parent or guardian of the above person (if under 18 years old), I consent to the above release.

Signature: _____ Date: _____

Please return to: Volunteer@HSMCdigsHistory.org or
Historic St. Mary's City, Internship Coordinator, PO Box 39, St. Mary's City, 20686