

B O W E R S M U S E U M

INTERNSHIP APPLICATION

Name _____ Date _____
 Address _____ City _____ State _____ Zip _____
 Telephone (____) _____ Email _____ Are you a member of the museum? Yes No

Please complete the following section only if it is applicable to you:

Name of School/Internship Organization _____
 School Address _____ Major/Department _____
 Faculty Sponsor/Advisor _____ Telephone (____) _____
 Credits to be awarded _____ Number of hours to be completed _____ Semester Quarter

Please note: background check may be required

Have you been convicted of a felony within the last (7) years? Yes _____ No _____
 (A conviction will not necessarily be a bar to landing an internship; factors such as age and time of offense, seriousness and nature of violation and rehabilitation will be taken into account.)

Please indicate the department of interest and days and times you are available.

DEVELOPMENT/MEMBERSHIP <input type="checkbox"/> PUBLIC PROGRAMS/EDUCATION <input type="checkbox"/> REGISTRAR/COLLECTIONS <input type="checkbox"/> PUBLIC RELATIONS <input type="checkbox"/>		ADMINISTRATION <input type="checkbox"/> KIDSEUM <input type="checkbox"/> EDUCATION <input type="checkbox"/> MARKETING <input type="checkbox"/>	
Day	Time Available	Day	Time Available
<input type="checkbox"/> Tuesday		<input type="checkbox"/> Friday	
<input type="checkbox"/> Wednesday		<input type="checkbox"/> Saturday	
<input type="checkbox"/> Thursday		<input type="checkbox"/> Sunday	

MATERIALS:

In addition to this application form, please submit a resume and cover letter detailing the specific area(s) of interest. Refer to our website for a listing of departments and internships.

IMPORTANT: PLEASE READ AND SIGN BELOW.

We are delighted to have you join Internship Program at the Bowers Museum! We look forward to providing you with the opportunity to enhance your academic training by collaborating with our staff, patrons, and business associates. **We kindly ask that business attire be worn at all times when participating in any museum projects and/or functions.** All Bowers Museum interns must be at least 16 years of age. If you should have questions regarding your internship, please consult with your supervisor/mentor. All other questions may be directed to the Human Resources Department at (714) 567-3612 or email humanresources@bowers.org

I _____ understand that my internship is non-paid and will be used toward academic training.
 Further, I agree to comply with the Bowers Museum policies/procedures while conducting my internship.

Signature _____ Date _____