



INTERN APPLICATION

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work/Cell Phone: _____

E-mail: _____

School Information

University/College Enrolled: _____

Degree & Program: _____

Graduate Advisor: _____

Office Phone: _____ E-mail: _____

Total Hours Needed for Internship Credit: _____

Semester of Internship: Fall Spring Summer Year: _____

Internship Information

Internship Position Applying For:

- | | |
|--|--|
| <input type="checkbox"/> Archival Internship | <input type="checkbox"/> Museum Collections Internship |
| <input type="checkbox"/> Historic Images Internship | <input type="checkbox"/> Curatorial Internship |
| <input type="checkbox"/> Archives Inventory Internship | <input type="checkbox"/> Artifact Inventory Internship |

Availability: M T W TH F

Mornings Afternoons Evenings

Why are you interested in interning at CSH?

What are your internship goals? What do you want to learn from this internship?

Other pertinent information or comments you wish to add:

References

Please list the names of two references, professional or educational, who we may contact.

Name: _____ Telephone: _____

Relationship: _____

Name: _____ Telephone: _____

Relationship: _____

Are you currently a Sacramento City or County employee? YES NO

Have you ever been convicted of a crime? YES NO

You may omit: a) Traffic violations (Driving Under the Influence convictions must be reported); b) Any conviction committed prior to your 18th birthday which was finally adjudicated in Juvenile Court or under a youth offender law; c) Any incident sealed under Welfare and Institutions Code Section 781 or Penal Code Section 1203.45; d) Any marijuana conviction, more than two (2) years old, described in Labor Code section 432.8.

If yes, please explain and give disposition:

I authorize investigation of all statements contained in this application and any supporting documents and I understand that a background check may be conducted. I authorize the City of Sacramento and its non-profit partners to secure information from the references I have provided, and release all parties from any liability arising from such investigation.

Signature of Applicant: _____ **Date:** _____

Please print legibly or type all responses. Illegible and partial applications will not be accepted, nor receive a response.

If mailing, please return completed application and resume to:

Center for Sacramento History
ATTN: Volunteer Coordinator
551 Sequoia Pacific Blvd
Sacramento, CA 95811

CSH OFFICE USE ONLY

Date Received:
Date of Interview:
Staff Supervisor:
Emergency Contact Form Completed: