



Internship Application

101 E. Beaufort St. Normal, IL 61761 • (309) 433-3444 • www.childrensdiscoverymuseum.net

Personal Information:

Name: _____ Date: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

E-mail: _____

Social Security Number: _____ Date of Birth: _____

Drivers License Number: _____

Have you ever been convicted of an offense against the law, misdemeanor or felony? Yes or No

Have you ever been placed on court supervision or probation? Yes or No

Internship Information:

Area of Interest: (circle one)

Education Volunteers Marketing/PR Special Events Exhibits Other: _____

Museum Internship you are applying for: _____

Class/Program Requiring Internship: _____

Number of Hours Required: _____ Semester: _____

Internship Advisor: _____

Advisor Phone: _____ E-mail: _____

Please circle the shifts that you are available to Intern:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12:30-5:30	8:30-5:30	8:30-5:30	8:30-5:30	8:30-8:30	8:30-8:30	8:30-5:30
	8:30-1:00	8:30-1:00	8:30-1:00	8:30-2:30	8:30-2:30	
	1:00-5:30	1:00-5:30	1:00-5:30	2:30-8:30	2:30-8:30	

Why Would you like to Intern at the Children’s Discovery Museum:

What skills do you wish to gain from this experience:

Please share any other information with us (special talents or skills):

Employment History:

Dates of Employment	Company/Position	Address/phone	Supervisor

Personal References:

Name	Acquainted by	Address	Phone

Additional Notes: