



# Internship Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Local Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

College/University \_\_\_\_\_

Major \_\_\_\_\_ GPA \_\_\_\_\_ Year in School: FR SO JR SR GRAD

For which internship are you applying? \_\_\_\_\_

How did you hear about our internship program? \_\_\_\_\_

Will you be receiving academic credit for this internship?  No  Yes Number of Hours needed \_\_\_\_\_

Define any special requirements: \_\_\_\_\_

Proposed Dates of Internship \_\_\_\_\_

## EMPLOYMENT HISTORY

Current Job Title \_\_\_\_\_ Employer \_\_\_\_\_

Supervisor \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Previous Job Title \_\_\_\_\_ Employer \_\_\_\_\_

Supervisor \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Why do you want to intern at Nauticus, and what do you hope to gain from your volunteer experience?

Describe any previous volunteer or intern experience:

List any relevant coursework, skills or interests that are relevant to this internship:

Other than a minor traffic offense, have you ever been convicted of a crime or released from prison?

No  Yes If yes, please explain \_\_\_\_\_

Interns must wear a Nauticus uniform consisting of a Nauticus shirt, khaki pants and white tennis shoes. There is a \$15 deposit for the shirt, payable upon placement. The deposit will be refunded when the shirt is returned.

SHIRT SIZE:  S  M  L  XL  XXL

### PHOTO AND VIDEO RELEASE AUTHORIZATION

Nauticus, The National Maritime Center would like to capture the excitement and fun of its programs and activities with photographs, videos and/or audio recordings of YOU in action! Nauticus would like to use these items for a variety of purposes which might include, but are not limited to: marketing materials, volunteer and staff recruitment, science center social events, museum records and history.

Yes, I do give my permission.  No, I DO NOT give my permission.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### EMERGENCY MEDICAL AUTHORIZATION

Please list the names, addresses and phone numbers of two people to contact in the event of an emergency.

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

I certify that all information obtained in this application is true. I understand that the internship for which I am applying is an unpaid position. I authorize Nauticus to use the provided medical information in case of any emergency.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please include:

- Cover Letter  Transcript (official or unofficial)  
 Resume  Two letters of Reference

Please complete this application and return to:

Volunteer Coordinator  
Nauticus  
One Waterside Drive  
Norfolk, VA 23510  
or FAX to (757) 623-1287.

For more information, please contact the volunteer coordinator at (757) 664-1043 or melissa.swanson@norfolk.gov.