



HISTORY MUSEUM AT THE CASTLE

Internship Application Form

Outagamie County Historical Society, Inc.
330 E. College Avenue
Appleton, WI 54911

Contact Erin Comer at
phone: 920 735-9370 ext. 115 or
email: erin@myhistorymuseum.org

Personal Details

Name: _____

Last

First

Middle Initial

Phone: (____) _____ email: _____

Address: _____

City/State: _____ zip: _____

Birth-date: _____

Month / Day / Year

If you are involved with us as an intern and an emergency arises, whom should we contact?

Name: _____ Relationship: _____

Phone (Primary): (____) _____ Phone (Secondary): (____) _____

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

References

Name _____ Relationship _____

Length of Relationship _____ E-Mail: _____

Phone (Primary): (____) _____ Phone (Secondary): (____) _____

Name _____ Relationship _____

Length of Relationship _____ E-Mail: _____

Phone (Primary): (____) _____ Phone (Secondary): (____) _____

Name _____ Relationship _____

Length of Relationship _____ E-Mail: _____

Phone (Primary): (____) _____ Phone (Secondary): (____) _____

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Outagamie County Historical Society, Inc that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Outagamie County Historical Society, Inc. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Outagamie County Historical Society, Inc or my termination as a volunteer.

Signature: _____ Date: _____