



APPLICATION FOR INTERNSHIP
(Please attach resume with this application)

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

E-MAIL: _____

PHONE: (Home) _____ (Cell) _____

DATE OF BIRTH: _____

SHIRT SIZE: _____

HIGHEST EDUCATION ACHIEVED:

_____ High School _____ College _____ Graduate

NAME OF HIGH SCHOOL, COLLEGE OR UNIVERSITY MOST RECENTLY ATTENDED:

GRADUATION YEAR: _____

EMPLOYER _____ MOST RECENT POSITION _____

WORK PHONE: _____ E-MAIL ADDRESS _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

PLEASE LIST YOUR FIELD OF STUDY, SKILLS, SPECIAL TRAINING OR INTERESTS:

AREAS OF INTEREST WITH THE NATIONAL UNDERGROUND RAILROAD FREEDOM CENTER:

ARE YOU INTERNING FOR SCHOOL CREDIT OR TO FILL SCHOOL-RELATED REQUIREMENTS?

YES

NO

IF "YES"...HOW MANY HOURS DO YOU NEED TO FULFILL? _____

WHAT SEMESTER ARE YOU INTERESTED IN?

Spring Summer Fall

ARE THERE ANY OTHER REQUIREMENTS YOU NEED TO FILL AS PART OF THIS ASSIGNMENT?

IN THE TABLE BELOW, PLEASE INDICATE THE MOST CONVENIENT DAYS FOR YOU TO VOLUNTEER, AND SPECIFY TIMES A.M. OR P.M.

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.

PLEASE LIST ANY VOLUNTEER, INTERNSHIPS OR RELATED EXPERIENCE (Organization, dates of service, positions held):

REFERENCES

(Please list two people (not relatives) whom we may contact about you)

NAME: _____

RELATIONSHIP _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: _____

NAME: _____

RELATIONSHIP _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: _____

ARE YOU FAMILIAR WITH ANY OUR THE FREEDOM CENTER STAFF OR VOLUNTEERS? (who?)

HAVE YOU EVER BEEN CONVICTED OF A CRIME, OTHER THAN MINOR TRAFFIC OFFENSES?

Yes

No

How did you hear about the National Underground Railroad Freedom Center Internship Program?

I understand that I am applying for a position as an unpaid intern at the National Underground Railroad Freedom Center. I certify that the information provided in this application and any interview conducted on it the basis of it, is true and correct. I understand that any false or incomplete information of omission may disqualify me for internship or be cause for my dismissal from the internship program.

Signature: _____

Date: _____

If Under 18 years old, signature of parent or guardian:

Please mail, e-mail or fax application to:

Paula Johnson
Manager, Volunteer Services
National Underground Railroad Freedom Center
50 East Freedom Way
Cincinnati, Ohio 45205
pjohnson@nurfc.org
513-333-7507 – fax
513-333-7507 - phone



VOLUNTEER BACKGROUND CHECK AUTHORIZATION

I authorize the National Underground Railroad Freedom Center and its agents, assignees, employees or officers to make investigations, reference checks, security checks and other inquiries into my past regarding my Volunteer application.

These queries may include, but are not limited to, questions pertaining to my past employment, criminal, credit, driving and educational history as well as information regarding my general character and reputation.

Further, I authorize any individual, company, business entity, institution, or government agency having relevant information to furnish the National Underground Railroad Freedom Center with that information.

I agree to release and hold harmless the National Underground Railroad Freedom Center from any and all liability with respect to receipt of such information and acknowledge that the National Underground Railroad Freedom Center is relying on third party information and therefore release the National Underground Railroad Freedom Center, its agents, officers, and employees from any and all liability arising out of errors or omissions.

I understand that the information I provide on this form will be used solely to assist the National Underground Railroad Freedom Center in obtaining background information to determine volunteer eligibility. It will not be used to discriminate or determine eligibility based upon gender, age, race, color, creed, national origin, disability, veteran, marital status or any other category protected by law.

You are not required to report your sex or race and providing that information is strictly voluntary. Not reporting that information may lengthen the time that it takes to process your background check but will not exclude you from volunteer eligibility.

Name _____
(First, Middle Initial, Last Name)

Date of Birth _____ Age _____ Race _____

Social Security Number **(Required)** _____

County _____

Sex: Male Female

Signature: _____ Date: _____

