

## 2017 Summer Internship Program

ScienceWorks is offering a limited number of summer internships for students, **ages 14 and older**, who are interested in science, developing new skills that can be applied personally and professionally, having fun and giving back to the community.

### **Each Intern will:**

- Complete a minimum of 50 hours of volunteer service
- 6 hours – **Mandatory Training on Saturday, June 3<sup>rd</sup> 2017 – 9:30am – 4:00pm**
- 20 hours - Teaching Assistant during one of our weeklong summer camps  
5 (Camp Shifts M-F 8:45am-1:00pm, or 12:00pm-4:15pm) Bring Lunch – 4 hour shifts
- 24 hours - Museum Exhibit Interpreter and/or Science Activities Presenter  
6 (Floor Shifts 11:00am – 3:00pm, or 2:00pm – 6:00pm) – 4 hour shifts  
OR a possibility of assisting with a second summer camp

Internships will be held between June 12<sup>th</sup> and September 10<sup>th</sup>. Each intern will be required to attend the 6 ½ hour intern training, and may be assigned to help with one, 20 hour camp. The remaining 24 hours of the internship will be scheduled with a minimum of six, 4 hour shifts working on a variety of assignments. Internships must be completed by Sunday, October 1<sup>st</sup> 2017, and you **must complete an exit interview** before completion.

### **Benefits for Participants:**

- Each participant will receive experience in the fields of science and education.
- After **successful completion** of the entire 50 hour internship, participants will receive a letter of recommendation, and a certificate of achievement from ScienceWorks.
- Will have a new set of professional skills that will easily transfer to future jobs.
- Possibility of earning a Presidential Award (depending on age and hours per year served).
- Internships also look fantastic on resumes and college applications!

## **To Apply:**

- Complete the Internship Application- **ALL applicants MUST complete this Application!!!**
- Write a cover letter – **ALL applicants MUST complete a cover letter!!!**
  - If you are new to SW please introduce yourself, state why you want to be part of this program, what skills you have that would benefit the program and what you hope to learn in the program.
  - If you are a prior SW Intern you may write about what you learned and liked best about your prior Internship experience, what you would hope to improve or learn this year and why you would like to participate again.
  - 15 minute interviews will be scheduled the weeks of May 8<sup>th</sup> – 18<sup>th</sup>
  - **Please submit your application packet by Friday, April 28<sup>th</sup>, 2017 by mailing it to:**

ScienceWorks Hands-On Museum  
Gregory Dills (2017 Summer Internship)  
1500 East Main Street  
Ashland, OR 97520

After completed applications and cover letters are received the intern will be contacted to schedule an interview.

**Incomplete applications will NOT be considered.**

For more information, contact Gregory Dills at (541) 482-6767 x 229 or email  
[volunteercoor@scienceworksmuseum.org](mailto:volunteercoor@scienceworksmuseum.org)



# Summer Internship Application

<b>OFFICE USE ONLY</b>
Medical Hx _____
Criminal Background Check submitted _____
Criminal Background Check Revd _____
Orientation Date _____
Entered DB & email _____
Prior Intern? _____

## Personal Information

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Applicant Email:** \_\_\_\_\_ **Parent/Guardian Email:** \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_ Applicant's CURRENT AGE: \_\_\_\_\_

Criminal Record? (circle one) Yes No If yes, explain: \_\_\_\_\_

## Academic Information

School/College Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Year in School:  Freshman  Sophomore  Junior  Senior  Other \_\_\_\_\_

## Professional/Academic References

Name: \_\_\_\_\_ Title: \_\_\_\_\_

School/Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

School/Company: \_\_\_\_\_ Phone: \_\_\_\_\_

## Vacation Days

Interns and their families often have other commitments during summer. ScienceWorks needs to know the dates of these commitments in order to most efficiently schedule your internship participation. **Please list all dates (between June 17<sup>th</sup>-September 10<sup>th</sup>, 2017) that you are NOT available to work at ScienceWorks:**

\_\_\_\_\_  
\_\_\_\_\_

*I declare that the facts set forth in my internship application are accurate and complete. I understand that if I am selected for an internship, false information stated in this application shall be sufficient cause for dismissal.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Legal Guardian (if under 18): \_\_\_\_\_

# Intern Medical Information

This information is confidential and will be used only in the event that you require assistance.  
It will not, in any way, act as a condition of your acceptance into the volunteer program.

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

In case of emergency, contact:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Work Phone : \_\_\_\_\_

Do you require any special accommodations in your work area?  Yes  No

Describe: \_\_\_\_\_

Are you currently taking any medications regularly (either prescription or over-the-counter)?  Yes  No

Please list: \_\_\_\_\_

Do you have allergies (bees, seasonal etc)?  Yes  No

Please list: \_\_\_\_\_

Do you require emergency medication for these allergies?  Yes  No

Please list and describe any medical administration that may be required in an emergency:

\_\_\_\_\_

Please list any medical conditions of which we should be aware (i.e. seizures, diabetes, asthma, heart etc.):

\_\_\_\_\_

Is there any information that emergency medical personnel would need to know?  Yes  No

Please describe: \_\_\_\_\_

\_\_\_\_\_

I give my permission to release this information to emergency medical personnel and those persons who serve as my immediate supervisors.  Yes  No

I authorize the administration of first aid by ScienceWorks staff in the event of an emergency.  Yes  No

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*

**VOLUNTEER AGREEMENT** *Please read carefully before signing application.*

A. *ScienceWorks* is an equal opportunity employer and will consider applicants for all volunteer positions without regard to sex, age, race, color, religion, marital status, national origin, handicap, veteran status, sexual orientation or any other legally protected status.

B. Placement of volunteers will be made based on the recommendation of *ScienceWorks* staff, and the willingness of the applicant to perform the required duties at the times needed by the museum.

C. *ScienceWorks* will not tolerate sexual harassment or harassment on the basis of any protected class status in the workplace.

- I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation or material omission of the application will result in my being eliminated from further consideration. I further understand that, if accepted, any misrepresentation on written applications or in interviews that becomes known to *ScienceWorks* may result in immediate dismissal.
- I authorize *ScienceWorks* to investigate all of the information contained in this application. Any persons or organizations named are authorized to provide information regarding my employment, volunteer history, character, and qualification and are hereby released from all liability for providing such information.
- I agree to abide by existing and future instruction, rules and policies of *ScienceWorks*. I understand that my position can be terminated at any time, at the option of either *ScienceWorks* or myself without the need to give cause or prior notice.
- I agree that I offer my services as a volunteer with no expectation of monetary compensation or guarantee of future employment. I fully understand that I will be required to attend an orientation and customer service or department specific training.
- I authorize *ScienceWorks* to photograph and/or videotape me for publicity purposes (including visits from news media and photos on our website). *ScienceWorks* will not release any personal information other than your name. I understand that these materials will be the property of *ScienceWorks* not to be sold or loaned and will be used only to promote *ScienceWorks* education and volunteer programs. This release will remain in effect until volunteer revokes permission by submitting a written request to the Volunteer Coordinator.

I have read and reviewed the above certification statements and other information on the application, and I agree to abide by these terms.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Applicant is under the age of 18. She/He has my permission to become a *ScienceWorks* Volunteer.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

# Internship Application Checklist

**All applicants must submit *a//*items below.**

**Incomplete applications will not be considered.**

- Completed application form (listing personal information, references, etc.)
- Intern Medical Information
- Intern Agreement (signed by intern and parent/guardian)
- Letter of interest/cover letter.** Part of this program is designed to help you refine job searching skills. Part of successfully finding a job depends on your ability to write cover letters highlighting your abilities and explaining why a company should hire you. This should be typed and properly formatted. Ask an adult how to create a proper cover letter (your address on top right, ours on left above letter.)
  - **If you are a new applicant** who has never participated in the ScienceWorks Internship Program before, please state why you want to be part of this program, what skills you have that would benefit the program, and what you hope to learn from the program.
  - **If you have participated as a ScienceWorks intern before,** you may write about what you learned and liked best about your prior internship experience, what you would hope to improve or learn this year, and why you would like to participate again.
- Please add the following email address to both the intern's and the parent's/guardian's email address book: [volunteercoor@scienceworksmuseum.org](mailto:volunteercoor@scienceworksmuseum.org).* This is how you will receive further information about the internship program, so emails from this address need to make it to your inbox.

**Please postmark the completed application, by Friday, April 28<sup>th</sup> 2017, to:**

ScienceWorks Hands-On Museum  
Gregory Dills (2016 Summer Internship Application)  
1500 East Main Street  
Ashland, OR 97520

*Thank you! We look forward to working with you!*