Internship Application



Personal Information		
First Name:	Last Name:	Date:
Street Address:		Apt:
City:	State:	Zip:
Email:	Phone:	
Age (if under 21):	Driver's License # (option	al):

What are your interests in volunteering at HCP? Check all that apply.				
Please visit www.hcponline.org for descriptions for each category.				
ExhibitionsDevelopmentEducation				
Marketing	Community Education			

How did you hear about volunteering or interning at HCP?				
HCP's Website		HCP instructor/staff	At HCP (gallery or workshop)	
Friend/Relative	College or H	ligh School Teacher	Other (please describe)	

Availability							
Dates that you are available to volunteer/intern at HCP:					Number of hours per week		
From	From/ to/				desir	desired to work:	
Fill in the	Fill in the chart indicating your availability for each day. HCP's administrative hours are M-F, 10m-					M-F, 10m-	
6pm.							
	Monday Tuesday Wednesday Thursday Friday S			Saturday	Sunday		
From							
То	To To						

Special Skills and Talents				
Check and list computer programs you are proficient in:				
Adobe Photoshop	Microsoft Excel	Microsoft Word		
Printing Photography Digitally	Internet Research	Database Entry		
List any other skills or abilities here:				

Please Attach resume or fill out the following page.

Send out the completed application, cover letter and a list of 3 references (non-relatives) including their contact information and their relationship to you to:

Natalie Rodgers, Houston Center for Photography, 1441 West Alabama, Houston, TX 77006 Fax: 713.529.9248 |email: info@hcponline.org

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Education			
High School	Name of Institution:		City/St.:
	GPA	Graduation D	ate
Higher Education	Name of Institution:		City/St.:
	Degree/ Course of Study	GPA	Graduation Date
Higher Education	Name of Institution:		City/St.:
	Degree/ Course of Study	GPA	Graduation Date

Employment History				
Company Name:	Location:			
Position:	Dates employ	yed:		
Supervisor's Name	P	Phone #		

Company Name:	Location:	
Position:	Dates employed:	
Supervisor's Name		Phone #

Company Name:	Location:	
Position:	Dates employed:	
Supervisor's Name	Phone #	

Volunteer History				
Name of Organization:		Dates:		
Duties held responsible for:	Superviso	r name and Phone # :		
	Cupervice			
Name of Organization:	•	Dates:		
Duties held responsible for:	Superviso	r name and Phone # :		

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By submitting this application you are confirming that the information above is complete, correct, and true. Any misstatement or omission of fact may result in your removal from the HCP program.