

Internship Application



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

What are your interests in volunteering at HCP? Check all that apply. <i>Please visit www.hcponline.org for descriptions for each category.</i>					
Exhibitions	<input type="checkbox"/>	Development	<input type="checkbox"/>	Education	<input type="checkbox"/>
Marketing	<input type="checkbox"/>	Community Education	<input type="checkbox"/>		<input type="checkbox"/>

How did you hear about volunteering or interning at HCP?					
HCP's Website	<input type="checkbox"/>	HCP instructor/staff	<input type="checkbox"/>	At HCP (gallery or workshop)	<input type="checkbox"/>
Friend/Relative	<input type="checkbox"/>	College or High School Teacher	<input type="checkbox"/>	Other (please describe)	<input type="checkbox"/>

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

Special Skills and Talents					
Check and list computer programs you are proficient in:					
Adobe Photoshop	<input type="checkbox"/>	Microsoft Excel	<input type="checkbox"/>	Microsoft Word	<input type="checkbox"/>
Printing Photography Digitally	<input type="checkbox"/>	Internet Research	<input type="checkbox"/>	Database Entry	<input type="checkbox"/>
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:

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

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

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Volunteer History	
Name of Organization:	Dates:
Duties held responsible for:	Supervisor name and Phone # :
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Duties held responsible for:	Supervisor 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.