



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

What are your interests in volunteering at HCP? Check all that apply.			
Please visit www.hcponline.org for descriptions for each category.			
Exhibitions	<input type="checkbox"/>	Development	<input type="checkbox"/>
	<input type="checkbox"/>	Museum Education	<input type="checkbox"/>
	<input type="checkbox"/>	Education	<input type="checkbox"/>
	<input type="checkbox"/>	Access and Community Education	<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"/>
Other (please describe)	<input type="checkbox"/>	College or High School Teacher	<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"/>
Database Entry	<input type="checkbox"/>	Internet Research	<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:

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

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.



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

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

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Position:	Dates employed:	
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Position:	Dates employed:	
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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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