

# Internship Application



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. <i>Please visit www.hcponline.org for descriptions for each category.</i>			
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"/>
	<input type="checkbox"/>	At HCP (gallery or workshop)	<input type="checkbox"/>
Friend/Relative	<input type="checkbox"/>	College or High School Teacher	<input type="checkbox"/>
	<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"/>
Printing Photography Digitally	<input type="checkbox"/>	Internet Research	<input type="checkbox"/>
	<input type="checkbox"/>	Microsoft Word	<input type="checkbox"/>
	<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:**

Natalie Rodgers, Houston Center for Photography, 1441 West Alabama, Houston, TX 77006

Fax: 713.529.9248 | Email: [natalie@hcponline.org](mailto: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.*

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EDUCATION			
<b>High School</b>	Name of Institution:		City/St.:
	GPA	Graduation Date	
<b>Higher Education</b>	Name of Institution:		City/St.:
	Degree/ Course of Study	GPA	Graduation Date
<b>Higher Education</b>	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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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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