



# AVSC Application for Internship



### Contact:

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

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School E-mail: \_\_\_\_\_

NON-School E-mail: \_\_\_\_\_

Cell phone: ( ) \_\_\_\_\_ Day phone: ( ) \_\_\_\_\_

### School:

Internship semester: Apr-June \_\_\_\_\_ June-Aug \_\_\_\_\_ Aug-Oct \_\_\_\_\_

College/University: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ GPA: \_\_\_\_\_

Degree: \_\_\_\_\_ Undergraduate \_\_\_\_\_ Masters

Internship Coordinator / Supervising Professor: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Mailing address: \_\_\_\_\_

### Requirements:

What are the minimum hours worked per week \_\_\_\_\_ what are the minimum number of weeks? \_\_\_\_\_

Are you doing this for Academic Credit? \_\_\_Yes \_\_\_No

Are you taking this internship as a graduation requirement? \_\_\_Yes \_\_\_No

Will you be taking classes while doing this internship? \_\_\_Yes \_\_\_No

If yes, is it ONLY an online class? \_\_\_Yes \_\_\_No

### Housing:

Do you need housing during this internship? \_\_\_Yes \_\_\_No

If not, where will you live or what options do you have during the internship (exact address required)?

\_\_\_\_\_

If the AVSC cannot provide housing, can you find housing on your own? \_\_\_Yes \_\_\_No

**Availability:**

Will you be working another job while doing this internship? \_\_\_ Yes \_\_\_ No

What is the earliest that you can begin (exact date required)? \_\_\_\_\_

What is the latest day you can work until (exact date required)? \_\_\_\_\_

Are you able to work at least 40 hours a week M-F and weekends? \_\_\_ Yes \_\_\_ No

If not, what can you work? \_\_\_\_\_

Are you expecting to be paid? \_\_\_ Yes \_\_\_ No If so, how much? \_\_\_\_\_

Interested in (*check one*): Facility Mgt. \_\_\_ Concession F&B ops. \_\_\_ Grounds Mgt. \_\_\_

**Activities/interests:** \_\_\_\_\_

\_\_\_\_\_

**List Special skills, abilities or certificates:** \_\_\_\_\_

\_\_\_\_\_

**What are your qualifications to work as an intern at the AVSC?** \_\_\_\_\_

\_\_\_\_\_

**What do you expect to learn and experience at the AVSC?** \_\_\_\_\_

\_\_\_\_\_

**Previous volunteer and Sports Complex experience:** \_\_\_\_\_

\_\_\_\_\_

**Do you have current certifications or licenses of any of the following?**

Check all that apply:

Drivers License \_\_\_\_\_

Basic First Aid CPR Certification \_\_\_\_\_

Advanced First Aid CPR \_\_\_\_\_

Other Medical Training \_\_\_ List \_\_\_\_\_

Sports expertise \_\_\_ List \_\_\_\_\_

Other special training: \_\_\_\_\_

Turf Management experience \_\_\_ List \_\_\_\_\_

**References:**

Please list three references that can attest to your character, work ethic, integrity and skills. Only one can be from a professor.

1) Full Name: \_\_\_\_\_  
Relationship to yourself: \_\_\_\_\_

Email address: \_\_\_\_\_ Daytime telephone number: ( ) \_\_\_\_\_

2) Full Name: \_\_\_\_\_  
Relationship to yourself: \_\_\_\_\_

Email address: \_\_\_\_\_ Daytime telephone number: ( ) \_\_\_\_\_

3) Full Name: \_\_\_\_\_  
Relationship to yourself: \_\_\_\_\_

Email address: \_\_\_\_\_ Daytime telephone number: ( ) \_\_\_\_\_

**Please send this application and resume to:**

West Michigan Sports Commission

Attn: Bryan Baar

171 Monroe Ave NW, Suite 545

Grand Rapids, MI 49503

**or email to**

**bbaar@artvansportscomplex.com**