

Application for Internship

Contact:

Name: _____

Address: _____

City _____ State _____ Zip _____

School E-mail: _____

NON-School E-mail: _____

Cell phone: _____ Day phone: _____

School:

Internship semester: Jan-May _____ May-Aug _____ Aug-Dec _____

College/University: _____ Graduation Date (exact): _____

Major: _____ Minor: _____ G.P.A. _____

Degree: ___ BS/BA ___ 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 or ___ No

If yes, is it ONLY an ON-Line Class? ___ Yes ___ No

Computer skills:

(0=never used; 1=played with; 2=used for one project; 3=used frequently; 4=expert):

Basic

MS Word _____

MS Excel _____

MS PowerPoint _____

Adobe Acrobat _____

Graphics

Illustrator _____

Photoshop _____

In-Design _____

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 WMSC cannot provide housing, can you find housing on your own? ___ 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? _____

Activities/interests: _____

List Special skills, abilities or certificates: _____

What are your qualifications to work as an intern at the WMSC? _____

What do you expect to learn and experience at the WMSC? _____

Previous volunteer and not-for-profit experience: _____

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

- Drivers License _____
- Basic First Aid CPR Certification _____
- Advanced First Aid CPR _____
- Other Medical Training _____ List _____
- Sports expertise _____ List _____
- Other special training: _____

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: _____

Additional:

How did you hear about us? _____

Please Send this application and resume to:

West Michigan Sports Commission
Attn: Eric Engelbarts
171 Monroe Ave NW, Suite 700
Grand Rapids, MI 49503

Eengelbarts@westmisports.com