



## Application for Event Coordinator Internship

### Contact:

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

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

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

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

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

Cell phone: \_\_\_\_\_

### School:

Internship semester: Jan-Oct \_\_\_\_\_ Oct-Nov \_\_\_\_\_ Aug-Sep \_\_\_\_\_

Would you be available to extend your internship to the next semester?  Yes  No

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? \_\_\_\_\_

\*note our internship is 20 hours/week plus some events.

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, how many credit hours? \_\_\_\_\_



**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**

Adobe Illustrator \_\_\_\_\_  
Adobe Photoshop \_\_\_\_\_  
Adobe 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)?

\_\_\_\_\_

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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 20 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 \_\_\_\_\_
- First Aid CPR Certification \_\_\_\_\_
- 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: Katy Tigchelaar  
171 Monroe Ave NW, Suite 545  
Grand Rapids, MI 49503

or email to [ktigchelaar@westmisports.com](mailto:ktigchelaar@westmisports.com)