



Application for Sports Sales Internship

Contact:

Name: _____

Address: _____

City _____ State _____ Zip _____

School E-mail: _____

NON-School E-mail: _____

Cell phone: () _____

School:

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

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? ____

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

*note that the WMSC does not provide housing

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 16 hours a week M-F? ___ Yes ___ No

If not, what can you work? _____

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
Jamie Schlagel, National Sales Manager
171 Monroe Ave NW, Suite 545
Grand Rapids, MI 49503