



Gov. Vance Birthplace State Historic Site

Volunteer Internship Application

Applicant Information

Full Name: _____ Preferred Name: _____
Surname First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email: _____

Interests & Experience

Please indicate your areas of interest and internship priorities

<input type="checkbox"/> Audience Research	<input type="checkbox"/> Collections Management	<input type="checkbox"/> Education	<input type="checkbox"/> Exhibitions
<input type="checkbox"/> Facilities Maintenance	<input type="checkbox"/> Fundraising/Grant Writing	<input type="checkbox"/> Interpretive Programming	<input type="checkbox"/> Marketing/Advertising
<input type="checkbox"/> Publications	<input type="checkbox"/> Outreach	<input type="checkbox"/> Research	<input type="checkbox"/> Video Production
<input type="checkbox"/> Visitor Services	<input type="checkbox"/> Web Design	<input type="checkbox"/> Other: _____	

Have you had training and/or experience in the following?

<input type="checkbox"/> Artifact Handling	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Elementary Education
<input type="checkbox"/> Exhibit Design	<input type="checkbox"/> Giving Tours	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Interactive Media
<input type="checkbox"/> Photography	<input type="checkbox"/> Proposal Writing	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Research
<input type="checkbox"/> Word Processing	<input type="checkbox"/> Writing	<input type="checkbox"/> Other: _____	

References

If receiving academic credit, please list the name and contact information of the internship professor.

Full Name: _____ Department: _____
 Email: _____ Phone: _____

Please list two additional professional or academic references. Personal references, excluding family, can be accepted.

Full Name: _____ Organization: _____
 Relationship: _____ Email: _____ Phone: _____

Full Name: _____ Organization: _____
 Relationship: _____ Email: _____ Phone: _____

Education

High School: _____

Address: _____

Current Year: Fres. Soph. Jr. Sr. Graduate Graduation Date,
Expected Date: _____

University or College Name: _____ Attended From: _____ To: _____

Address: _____

Major: _____ Credits Completed: _____ Date Received, To Be Received: _____

University or College Name: _____ Attended From: _____ To: _____

Address: _____

Major: _____ Credits Completed: _____ Date Received, To Be Received: _____

Employment History

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Responsibilities: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Responsibilities: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

Documents

Personal Statement (200-250 words): Describe why you are interested in the Historic Site's internship opportunities. Include comments on your goals, including career and educational objectives, and how the internship would assist you in achieving them as well as the ways in which you will contribute to the Site.

Letters of Reference (optional): In lieu of the Site contacting your references listed above, you may submit letters of reference from each individual when you submit your application.

Resume (optional): You may wish to attach a current resume as a supplement to your application. This resume may use either the 1-page traditional format or the multi-page government employment format.

Availability

Which semester(s) are you applying for: Fall (due Jul 1) Spring (due Nov 15) Summer (due Apr 15)

Vance Birthplace is open from 9:00 AM to 5:00 PM, Tuesday through Saturday and closed on state holidays. Please indicate when you are available to work. Fridays, Saturdays, and flexible schedules are preferred.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings	--	--	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons	--	--	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Are you at least 16 years of age? YES NO

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Will this internship fulfill a course, degree, or scholarship requirement? YES NO If yes, how many hours are required? _____

Have you ever been convicted of a crime? YES NO If yes, please explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to an internship, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Please mail, email, or fax your completed application and any supporting documents to:

Vance Birthplace SHS
Attn: Internships
911 Reems Creek Road
Weaverville, NC 28787

vance@ncdcr.gov

FAX: (828) 645-0936
Phone: (828) 645-6706