

# TRUMAN PRESIDENTIAL MUSEUM & LIBRARY HIGH SCHOOL INTERNSHIP APPLICATION

NAME: \_\_\_\_\_ DATE OF BIRTH: Month \_\_\_ Day \_\_\_ Year \_\_\_

HOME ADDRESS: \_\_\_\_\_  
street city state zip

HOME PHONE: \_\_\_\_\_; CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

IN AN EMERGENCY, PLEASE NOTIFY: \_\_\_\_\_ PHONE \_\_\_\_\_

IF YOU ARE EMPLOYED, PLEASE GIVE:

EMPLOYER NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ EXT. \_\_\_\_\_ May we call you at work: Y \_\_\_ N \_\_\_

SCHOOL YOU PRESENTLY ATTEND:

SCHOOL NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ GPA: \_\_\_\_\_

If you would need any accommodations for a disability, please give specifics: \_\_\_\_\_

## PERSONAL STATEMENTS:

1. How did you hear about this Internship Program?

\_\_\_\_\_  
\_\_\_\_\_

2. Why are you interested in an internship with the Truman Presidential Museum & Library?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What do you plan on doing after completing high school? If you plan on attending college, what would you like to study as a major?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VOLUNTEER EXPERIENCE: (if none, leave blank)** List past and present commitments.

1. Organization: \_\_\_\_\_

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

street city state zip

Phone #: \_\_\_\_\_ Position: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_

I liked the following things about this experience: \_\_\_\_\_

\_\_\_\_\_

I disliked or was uncomfortable with: \_\_\_\_\_

(OVER)

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2. Organization: \_\_\_\_\_

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

street city state zip

Phone #: \_\_\_\_\_ Position: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_

I liked the following things about this experience: \_\_\_\_\_

I disliked or was uncomfortable with: \_\_\_\_\_

**PLEASE LIST COMPUTER SKILLS AND/OR PROGRAMS YOU ARE FAMILIAR WITH:**

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE HAVE TWO TEACHERS PROVIDE LETTERS RECOMMENDING YOU FOR THIS INTERNSHIP POSITION. IN CASE WE HAVE FURTHER QUESTIONS TO ASK THESE TEACHERS, THEY SHOULD PROVIDE A PHONE NUMBER WHERE THEY CAN BE REACHED. THESE LETTERS OF RECOMMENDATION SHOULD BE MAILED, FAXED, OR E-MAILED USING THE INFORMATION BELOW.**

**Signature of Student:** \_\_\_\_\_ **Date** \_\_\_\_\_

**PERMISSION STATEMENT  
(MUST BE SIGNED BY PARENT IF STUDENT IS UNDER AGE 18)**

“I give permission for \_\_\_\_\_ (insert name), my son/daughter (circle whichever applies) to engage in supervised internship activities at the Truman Presidential Museum & Library.”

**Signature of Parent** \_\_\_\_\_ **Date** \_\_\_\_\_

**BY MAY 1, RETURN THIS APPLICATION ALONG WITH A CURRENT TRANSCRIPT AND AN EXAMPLE OF YOUR WRITING SKILLS (approximately 5 pages in length).**

*(Your two recommendations can also be sent with the application, transcript, and writing sample.)*