Florida Historic Capitol Museum
Internship Application Form

INSTRUCTIONS FOR COMPLETING THIS FORM: All of the information requested in this form MUST be completed by the applicant or it will not be accepted. Please submit this form with the rest of your application materials.

NAME:_____
First Middle Last

NAME AS IT SHOULD APPEAR ON NAME TAG:_____

LOCAL ADDRESS:_____
Street Address

_____ _____ _____ _____
City State Zip Code E-mail

(____)_____(____)_____(____)_____
Home Phone Cell Phone Work Phone

EMERGENCY CONTACT:_____RELATIONSHIP:_____

(____)_____(____)_____(____)_____
Home Phone Cell Phone Work Phone

Are you currently employed? If yes, please list employer(s):_____

_____
Name, Address, Telephone Number of Employer(s)

BACKGROUND INFORMATION:

1. Please indicate highest level of education completed: ○ High School ○ AA ○ Bachelors ○ Masters ○ Doctorate ◉ Other _____
2. If you are currently a student, please indicate:
   School Name: _____
   Your Year in School: _____
   Current Course of Study: _____
3. Please specify any physical or other limitations or conditions which may/will affect your ability to perform certain volunteer activities, such as allergies, inability to lift due to back problems, etc.

_____

4. Have you ever been convicted of, pled nolo contendere (no contest), or had adjudication of guilt withheld to any crime which is a felony or first-degree misdemeanor? ○ Yes ◉ No If "yes", where, when and to what charge(s)?

NOTE: A "yes" answer to question #6 will not automatically bar you from becoming a volunteer. The nature, severity, and date of the offense in relation to the position for which you are applying will be considered.

Certification: I am aware that in order to become a volunteer with the Florida Historic Capitol Museum, I shall furnish such personal information as may be necessary for a determination of suitability as a volunteer. I consent to the release of information about my ability and fitness for state volunteer services by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Florida State government for volunteer services purposes. I understand that applications submitted for volunteer services are public records. I certify that to the best of my knowledge and belief all the statements contained herein and on any attachments are true, correct, complete, and made in good faith. I further certify that I have been advised that my service with the Historic Capitol shall be governed by the provisions of Chapter 110, Part IV (Volunteers), Florida Statutes, as amended, and, as a volunteer with a state agency, my service is not subject to any provisions of law relating to state employment, to any collective bargaining agreement, or to any laws relating to hours of work, rates of compensation, leave time, and employee benefits, except those consistent with section 110.504, Florida Statutes, as amended, and I must comply with all policies, rules and procedures. I understand that any misrepresentation, omission, or incorrect statement of facts called for in this application is cause for immediate dismissal of me as a volunteer.

SIGNATURE_____DATE_____

PARENTAL PERMISSION IS REQUIRED FOR VOLUNTEERS UNDER AGE 18:

_____DATE _____
Signature of Parent or Guardian

Printed Name:_____