



Samuel P Harn Museum of Art Internship Application Form

Please type or print clearly in blue or black ink and answer all questions completely. Include additional sheets if necessary.

First Name Last Name Other names used

Current Address Valid through (date)

City State ZIP Code Country of citizenship

Current telephone number UF ID # GatorLink E-mail address

Permanent address

City State ZIP Code

Indicate which semester(s) & year you are applying for:

Fall 20____ Spring 20____ Summer 20____

Are you applying for course credit for this internship?

Yes No Undecided

Are you enrolled in the UF Museum Studies program?

Yes No

Indicate funded scholarships for which you would like to be considered. (Please refer to page 8 in the instructions for more information about funded scholarship availability and requirements.)

- The E. Robert Langley Scholarship
- The Dixie Neilson Museum Studies Registration Internship
- The Criser Internship

Continued on next page

Department and Project Selection

Please list three Harn departments, supervisors and projects in which you would like to work, with “1” denoting the department in which you are most interested. **For a list of current project descriptions, go to www.harn.ufl.edu and click “Get Involved” and then “Internships”** Only if you are submitting a student-initiated proposal (optional), indicate this in the “project” space by writing “SIP” and follow the guidelines on the last page in this packet. All applicants for graphic design projects must submit 3 examples of their work along with the application.

1. _____
Department and Supervisor _____ Project _____
2. _____
Department and Supervisor _____ Project _____
3. _____
Department and Supervisor _____ Project _____

Availability Information

The following information is necessary for proper internship placement. Please note that most **museum staff members work a standard work week (8 AM to 5 PM, M-F)**, although the Harn Museum of Art is open to the public Tuesday through Friday from 11 AM to 5 PM, Saturday from 10 AM to 5 PM, and Sunday from 1 PM to 5 PM. Please keep these hours of operation in mind as you make a tentative schedule; work hours will ultimately be dictated by the requirements of the specific internship for which you are applying.

I am prepared to work the required number of hours as indicated in the project description.

Yes No

Anticipated weekly availability (days/hours):

Continued on next page

Education

List the university or institution at which you are currently enrolled (if applicable).

| | | |
|--|--------------------------------------|---------------------------|
| University/Institution name | | Location |
| Type of degree, diploma, or certificate sought | Anticipated month/year of completion | |
| Major area(s) of study | Minor area(s) of study | Graduate or Undergraduate |

Your Previous College/University Education

| | | | |
|--------|----------|----------------|-------------------------------|
| School | Location | Dates attended | Degree/Major/Program of Study |
|--------|----------|----------------|-------------------------------|

Describe any research and/or projects undertaken, that are relevant to the internships for which you have applied:

Skills

List working knowledge of languages other than English:

| | | |
|-------|----------------------------------|---|
| _____ | <input type="checkbox"/> READING | <input type="checkbox"/> CONVERSATIONAL |
| _____ | <input type="checkbox"/> READING | <input type="checkbox"/> CONVERSATIONAL |
| _____ | <input type="checkbox"/> READING | <input type="checkbox"/> CONVERSATIONAL |

If English is not your native language, please rate your English skills:

| | | | |
|------------------------|---------|------|-----------|
| Reading: (circle one) | Average | Good | Excellent |
| Speaking: (circle one) | Average | Good | Excellent |
| Writing: (circle one) | Average | Good | Excellent |

Continued on next page

Skills (continued)

Describe your computer skills and software knowledge:

List other relevant skills:

Experience

List applicable paid or volunteer work experience, including internships. **Note:** Even if you attach a résumé, this section **must** be completed.

Name and address of organization
Dates worked

Job title and duties

Circle one: Paid Volunteer

Name and address of organization
Dates worked

Job title and duties

Circle one: Paid Volunteer

Continued on next page

Experience (continued)

Name and address of organization
Dates worked

Job title and duties

Circle one: Paid Volunteer

References

Names of two persons with whom you have studied with or worked for whom will serve as references and have been asked for recommendation forms. These should be employment or academic references, not personal friends or relatives.

| | |
|------|----------|
| Name | Position |
|------|----------|

| | |
|----------------|------------------|
| E-mail address | Telephone number |
|----------------|------------------|

| | |
|------|----------|
| Name | Position |
|------|----------|

| | |
|----------------|------------------|
| E-mail address | Telephone number |
|----------------|------------------|

Criminal History

Have you ever been convicted of a crime, pled guilty or no contest to a crime, had adjudication withheld and/or prosecution deferred, driving under the influence, driving while intoxicated or other traffic convictions? If no, please enter N/A. If yes, please give exact dates and details:

Please tell us how you learned about the Harn Internship opportunity:

Continued on next page

Signature

I authorize and release the University of Florida to verify all information submitted in support of my application, including but not limited to my application and résumé. I certify that the application and/or résumé submitted are a complete and accurate description of my work experience, education and background. I further certify that the answers to the above questions are true and complete to the best of my knowledge. I understand that acceptance into the intern program is contingent upon the results of a background check.

Signature

Date

Remember to include additional required materials listed on page 5 in the instructions.

Cover letter (letter of intent)

Résumé (optional)

Two recommendation forms (pages 8 & 9 of this document)

Official transcript

Writing or graphic design samples (if appropriate)

Background check form (next page)

In support of the University's effort to maintain and foster safety and security of students, faculty, staff and volunteers, the Harn Museum of Art at the University of Florida requires criminal background checks on all new staff and volunteers.

All criminal background checks will be coordinated through Recruitment and Staffing, Human Resources. Determination of the type of criminal background checks to be conducted will be made by Human Resource Services in conjunction with the Harn Museum's Human Resources Manager.

PLEASE COMPLETE AND RETURN AS SOON AS POSSIBLE. Information regarding your background screening appointment will be sent after this form is recieved.

NAME: _____
Last First Middle

ALIAS/MAIDEN: _____ RACE: _____ SEX: _____ Date of Birth: _____

W=White,non-Hispanic B=Black, non-Hispanic H=Hispanic A = Asian/Pacific I=American Indian/Islander Alaskan Native

UF ID # (if any): _____

CURRENT ADDRESS: _____

CITY AND STATE OF RESIDENCE FOR THE LAST SEVEN YEARS: _____

EMAIL ADDRESS: _____



Internship Letter of Recommendation Form
www.harn.ufl.edu/intern
Application Deadlines: Fall-June 1; Spring-Oct. 15; Summer-March 15.

NOTE TO APPLICANT: Provide this form to your recommender along with any additional information they may request. Fill in your name and check 1 box below to indicate how the form is to be returned.

Recommender, please return this form to:

- The applicant Internship Program at pwillis@harn.ufl.edu **OR**

Samuel P. Harn Museum of Art
University of Florida
ATTN: Internship Program
P.O. Box 112700
Gainesville, FL 32611-2700

Applicant's Name

Reference Contact Information

| | | | |
|-----------------|--------------------------|-------|-----|
| First Name | Last Name | | |
| Title | Organization/Affiliation | | |
| Mailing Address | City | State | Zip |
| Telephone | E-mail | | |

Relationship to Applicant

Recommendations may be letters, short answers or bullet-points. Please address the following.

- How long and in what capacity have you known the applicant?
- How is this project significant to the applicant's educational and/or professional development?
- How would you assess the applicant's ability including: strengths, talents & seriousness of purpose?
- How does this candidate rank compared to others you have recommended for similar opportunities in recent years? Top ___% 10% 15% 25% 50%
- Please state any reservations you have about this applicant's ability to successfully complete this internship.

Signature of Recommender

Date



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Applicant's Name

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| First Name | | Last Name | |
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| Mailing Address | City | State | Zip |
| Telephone | E-mail | | |

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