

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

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First Name	Last Name	Other names used
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Current Address	Valid through (date)
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City	State	ZIP Code	Country of citizenship
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Current telephone number	UF ID #	GatorLink E-mail address
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Permanent address

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City	State	ZIP Code
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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](http://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):

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*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:

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**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:

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List other relevant skills:

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**Experience**

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

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Name and address of organization  
Dates worked

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Job title and duties

Circle one: Paid Volunteer

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Name and address of organization  
Dates worked

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Job title and duties

Circle one: Paid Volunteer

*Continued on next page*

**Experience (continued)**

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Name and address of organization  
Dates worked

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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.

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Name	Position
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E-mail address	Telephone number
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Name	Position
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E-mail address	Telephone number
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**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:

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

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*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.

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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)





**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 laynetb@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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\_\_\_\_\_  
Signature of Recommender

\_\_\_\_\_  
Date