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.

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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:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Skills

List working knowledge of languages other than English:

______________________________________________________        □  READING       □  CONVERSATIONAL
______________________________________________________        □  READING       □  CONVERSATIONAL
______________________________________________________        □  READING       □  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

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Experience (continued)

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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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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)
Thank you for your interest in the Harn internship programs. This form will be forwarded to the Harn Museum of Art Human Resources Manager in order to request the required criminal background check. The information provided below will not be viewed by potential supervisors, nor used to evaluate your application. Depending on the nature of your project, you may be instructed to contact the University of Florida Human Resources Services office to schedule a fingerprinting appointment. If contacted, please schedule the appointment as quickly as possible.

**PLEASE COMPLETE AND RETURN IN A SEPARATE BUSINESS ENVELOPE MARKED “ATTENTION: HUMAN RESOURCES MANAGER”**

**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:**

____________________________________________________
INTERNET 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

____________________________

Applicant’s Name

Gainesville, FL 32611-2700

Reference Contact Information

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

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Signature of Recommender

Date