

2018 Summer Internship Program

ScienceWorks is offering a limited number of summer internship opportunities for new and returning students, **ages 14 and older**, who are interested in leadership, science, developing new skills that can be applied personally and professionally, having fun, and giving back to the community.

Each Summer Intern will complete over 100 hours of volunteer service!

- 1 hour planning meeting in May
- 6.5 hours – **Mandatory Training on Saturday, June 2, 2018 from 9:30am – 4:00pm**
- 100 hours – Support and learn at ScienceWorks during a five week period during the summer
 - Committed to interning the first half of the summer OR the second half of the summer
 - Focused internship with the Education Department including assisting summer instructors in camp, assisting camp coordinators with daily tasks, planning & leading activities for campers during lunch bunch, and one on one mentoring with our Camps Coordinator geared towards your specific goals
 - OR focused internship with the Public Programs Department including facilitating activities on the ScienceWorks Museum floor, assisting summer staff to prep and plan activities, training other summer volunteers on activities, and one on one mentoring with our Public Programs Coordinator geared towards your specific goals

Summer internships will take place between June 2nd and September 3rd. Interns will be assigned to work with camps OR public programs for a minimum of 100 hours in either the first OR second half of the summer. Students should expect to complete their shifts in 5 consecutive weeks.

Benefits for Participants

- Each participant will receive experience in the fields of science and education.
- Each participant will receive dedicated, one on one mentoring to help tailor the experience to that intern's passions and goals.
- After **successful completion** of the entire 100+ hour volunteer experience, participants will receive a letter of recommendation and a certificate of achievement from ScienceWorks.
- Each participant will have a new set of professional skills that will easily transfer to future jobs, and make them qualified for future opportunities at ScienceWorks.
- Each participant will have the possibility of earning a Presidential Award (depending on age and hours served).
- Internship experience looks fantastic on resumes and college applications!

To Apply

- Complete the Internship Application- **ALL applicants MUST complete this Application!**
- Write a cover letter – **ALL applicants MUST complete a cover letter!**
 - If you are new to ScienceWorks please introduce yourself, state why you want to be part of the program, what skills you have that would benefit the program, and what you hope to learn in the program.
 - If you are a prior ScienceWorks Volunteer you may write about what you learned and liked best about your prior experience, what you would hope to improve or learn this year, and why you would like to participate again.
 - Indicate your interest in interning with the Education Dept (summer camps), Public Programs (art/science activities), or either.
- 15 minute interviews will be scheduled the week of May 7 – 11
- **Please submit your application packet by Friday, April 20, 2018 by bringing it to the ScienceWorks front desk or mailing it to:**

ScienceWorks Hands-On Museum
Erin Endress (2018 Summer Volunteer Corps)
1500 East Main Street
Ashland, OR 97520

After completed applications and cover letters are received the student will be contacted for an interview.

Incomplete applications will NOT be considered.

For more information, contact Erin Endress at volunteer@scienceworksmuseum.org or call (541) 482-6767.



Summer Internship Application

OFFICE USE ONLY
Medical Hx _____
Criminal Background Check submitted _____
Criminal Background Check Rcvd _____
Orientation Date _____
Entered DB & email _____
Prior Intern? _____

Personal Information

Name: _____
(First) (Middle) (Last)

Home Address: _____ City: _____ State: _____ ZIP: _____

Phone Number: _____ Alternate Phone: _____

Applicant Email: _____ **Parent/Guardian Email:** _____

Applicant's Date of Birth: _____ Applicant's CURRENT AGE: _____

Criminal Record? (circle one) Yes No If yes, explain: _____

Academic Information

School/College Name: _____ City: _____ State: _____

Year in School: € Freshman € Sophomore € Junior € Senior € Other _____

Professional/Academic References

Name: _____ Title: _____

School/Company: _____ Phone: _____

Name: _____ Title: _____

School/Company: _____ Phone: _____

Vacation Days

Interns and their families often have other commitments during summer. ScienceWorks needs to know the dates of these commitments in order to most efficiently schedule your internship participation. **Please list all dates (between June 2 - September 3, 2018) that you are NOT available to work at ScienceWorks:**

I declare that the facts set forth in my internship application are accurate and complete. I understand that if I am selected for an internship, false information stated in this application shall be sufficient cause for dismissal.

Applicant Signature: _____ Date: _____

Signature of Parent or Legal Guardian (if under 18): _____

Intern Medical Information

This information is confidential and will be used only in the event that you require assistance.
It will not, in any way, act as a condition of your acceptance into the volunteer program.

Name: _____		Date: _____	
In case of emergency, contact:			
Name: _____		Home Phone: _____	
Relationship: _____		Work Phone: _____	
Name: _____		Home Phone: _____	
Relationship: _____		Work Phone : _____	

Do you require any special accommodations in your work area? Yes No

Describe: _____

Are you currently taking any medications regularly (either prescription or over-the-counter)? Yes No

Please list: _____

Do you have allergies (bees, seasonal etc)? Yes No

Please list: _____

Do you require emergency medication for these allergies? Yes No

Please list and describe any medical administration that may be required in an emergency:

Please list any medical conditions of which we should be aware (i.e. seizures, diabetes, asthma, heart etc.):

Is there any information that emergency medical personnel would need to know? Yes No

Please describe: _____

I give my permission to release this information to emergency medical personnel and those persons who serve as my immediate supervisors. Yes No

I authorize the administration of first aid by ScienceWorks staff in the event of an emergency. Yes No

Signature

Date

VOLUNTEER AGREEMENT *Please read carefully before signing application.*

A. *ScienceWorks* is an equal opportunity employer and will consider applicants for all volunteer positions without regard to sex, age, race, color, religion, marital status, national origin, handicap, veteran status, sexual orientation or any other legally protected status.

B. Placement of volunteers will be made based on the recommendation of *ScienceWorks* staff, and the willingness of the applicant to perform the required duties at the times needed by the museum.

C. *ScienceWorks* will not tolerate sexual harassment or harassment on the basis of any protected class status in the workplace.

- I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation or material omission of the application will result in my being eliminated from further consideration. I further understand that, if accepted, any misrepresentation on written applications or in interviews that becomes known to *ScienceWorks* may result in immediate dismissal.
- I authorize *ScienceWorks* to investigate all of the information contained in this application. Any persons or organizations named are authorized to provide information regarding my employment, volunteer history, character, and qualification and are hereby released from all liability for providing such information.
- I agree to abide by existing and future instruction, rules and policies of *ScienceWorks*. I understand that my position can be terminated at any time, at the option of either *ScienceWorks* or myself without the need to give cause or prior notice.
- I agree that I offer my services as a volunteer with no expectation of monetary compensation or guarantee of future employment. I fully understand that I will be required to attend an orientation and customer service or department specific training.
- I authorize *ScienceWorks* to photograph and/or videotape me for publicity purposes (including visits from news media and photos on our website). *ScienceWorks* will not release any personal information other than my name. I understand that these materials will be the property of *ScienceWorks* not to be sold or loaned and will be used only to promote *ScienceWorks* education and volunteer programs. This release will remain in effect until volunteer revokes permission by submitting a written request to the Volunteer Coordinator.

I have read and reviewed the above certification statements and other information on the application, and I agree to abide by these terms.

Signature of Applicant _____ Date _____

Applicant is under the age of 18. She/He has my permission to become a *ScienceWorks* Volunteer.

Signature of Parent or Guardian _____ Date _____

Internship Application Checklist

All applicants must submit *all* items below.

Incomplete applications will not be considered.

- Completed application form (listing personal information, references, etc.)
- Intern Medical Information
- Intern Agreement (signed by intern and parent/guardian)
- **Letter of interest/cover letter.** Part of this program is designed to help you refine job searching skills. Part of successfully finding a job depends on your ability to write cover letters highlighting your abilities and explaining why a company should hire you. Cover letters should include:
 - Your address in the top right corner
 - The date
 - Our address on the left, above the salutation
 - Information about your qualifications, experience, interests and passions.
 - **If you are a new applicant** who has never participated in the ScienceWorks Internship Program before, please state why you want to be part of this program, what skills you have that would benefit the program, and what you hope to learn from the program.
 - **If you have participated as a ScienceWorks intern before**, you may write about what you learned and liked best about your prior internship experience, what you would hope to improve or learn this year, and why you would like to participate again.
- *Please add the following email address to both the intern's and the parent's/guardian's email address book: volunteer@scienceworksmuseum.org. This is how you will receive further information about the internship program, so emails from this address need to make it to your inbox.*

Please deliver or postmark the completed application, by Friday, April 20, 2018, to:

ScienceWorks Hands-On Museum
Erin Endress (2018 Summer Internship Application)
1500 East Main Street
Ashland, OR 97520

Thank you! We look forward to working with you!