



# Back Bay Science Center Internship Application

(Rev.-- April 6, 2015)

Today's Date: \_\_\_\_\_

## **NAME & SCHOOL INFORMATION**

Applicant's Name \_\_\_\_\_

Name of School Currently Attending \_\_\_\_\_

Related Course Title \_\_\_\_\_

Name of Mentor or Lead Instructor \_\_\_\_\_

## **CONTACT INFORMATION**

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact Person, Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Birthdate (mm/dd/yy) \_\_\_\_\_

## **INTEREST & EXPERIENCE**

Please describe why you would like to do this internship?

---

---

---

---

Please list any special skills and interests (computer, graphic design, fishing, art, etc.)

---

---

---

Do you speak any additional languages?

---

---

---

What experience do you have working with youth (7<sup>th</sup>-college level)?

---

---

---

How did you find out about interning with us?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever volunteered/interned in the past? If so, describe your experience(s)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your goals for your internship including tasks you hope to accomplish and/or skill you wish to acquire? In addition, how will BBSC benefit you from you interning here?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AVAILABILITY**

Are you 18 years of age or older? Yes \_\_\_\_ No \_\_\_\_

How many hours are you available to work per week \_\_\_\_\_

Proposed Start Date \_\_\_\_\_ Estimated End Date \_\_\_\_\_

Please write down your general availability (e.g. 9am-12pm)

**Monday** \_\_\_\_\_

**Tuesday** \_\_\_\_\_

**Wednesday** \_\_\_\_\_

**Thursday** \_\_\_\_\_

**Saturday** \_\_\_\_\_

**Please email completed application along with a resume**

Questions? Please call: [949-640-9959](tel:949-640-9959) or [949-640-9956](tel:949-640-9956)

~~~~~Office Use Only~~~~~

Date Interviewed: \_\_\_\_\_ Time Interviewed \_\_\_\_\_ Interviewed by: \_\_\_\_\_