

Application  
for Internship:



**Education Internship**

Education Department  
at Children's Museum & Theatre of Maine.  
142 Free Street // Portland, ME // 04101  
(207) 828-1234

**Personal Information.**

DATE OF APPLICATION: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

WHAT IS THE BEST WAY TO REACH YOU? \_\_\_\_\_

HOW DID YOU LEARN OF THIS OPPORTUNITY? \_\_\_\_\_

WHAT IS THE EARLIEST DATE YOU COULD START \_\_\_\_\_

WHAT IS THE LATEST DATE YOU COULD END \_\_\_\_\_

## Internship Specifics

Is this internship a required part of your course of study? Y / N

If yes, how many hours are required: \_\_\_\_\_

Name of college, university or school: \_\_\_\_\_

Course of study: \_\_\_\_\_ Years Completed: \_\_\_\_\_

## Employment Information

Please provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent.

From	To	Employer	Telephone ( )
Job Title		Address	
Immediate Supervisor/Title		Summarize the Nature of Work Performed and Job Responsibilities	
From	To	Employer	Telephone ( )
Job Title		Address	
Immediate Supervisor/Title		Summarize the Nature of Work Performed and Job Responsibilities	
From	To	Employer	Telephone ( )
Job Title		Address	
Immediate Supervisor/Title		Summarize the Nature of Work Performed and Job Responsibilities	
From	To	Employer	Telephone ( )
Job Title		Address	
Immediate Supervisor/Title		Summarize the Nature of Work Performed and Job Responsibilities	

## Education

Name and Location	Years Completed	Course of Study
High School		
College		
Other		

## References

Please list three people **not related to you** who can provide a professional reference (work, volunteer or academic.) If this is a required internship, please list your advisor as one of your references.

**\*Note: if this internship is for academic credit or compensation through your school, you must list your school program advisor as one of your references.**

Name	Relationship to Applicant	Telephone	Years Known
		(     )	
		(     )	
		(     )	

Please answer the following questions on a separate sheet of paper (no more than 300 words per answer):

1. What specifically draws you to the Children's Museum & Theatre of Maine for an internship?
2. What previous education or experiences do you have that would make you well-suited for this internship?
3. What is most important to you when teaching and working with children, particularly in a group?
4. How might this internship shape your future goals?

# Please attach a photocopy of a current government-issued photo identification card or driver's license!

## BACKGROUND QUESTIONNAIRE (Circle One)

Have you ever been discharged or asked to resign from a prior position? ..... Yes No

Have you ever resigned from a prior position after a complaint was received against you or your conduct was under investigation or review?..... Yes No

Have you ever been charged with or investigated for sexual or physical abuse or harassment of another person?Yes No

Have you ever been convicted of a crime (other than a minor traffic offense)?..... Yes No

Have you ever entered a plea of guilty or "no contest" (nolo contendere) to any crime (other than a minor traffic offense)?..... Yes No

Have you ever had a professional license or certificate suspended or revoked in any state or have you ever voluntarily surrendered, temporarily or permanently, a professional license or certificate in any state? ..... Yes No

Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)?..... Yes No

If you have answered YES to any of the previous questions, provide full details below, including, with respect to court actions, the date, offense in question and the address of the court involved. Attach additional sheets if necessary. Note: Conviction or other disposition of a crime is not necessarily an automatic bar to volunteer service.

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## REPRESENTATIONS

I understand that any misrepresentation or material omission made by me on this application will be grounds for cancellation of this application or refusal of my internship, regardless of when discovered. I acknowledge that I offer my services as a volunteer and have no expectation of payment, monetary or otherwise, for those services.

I also understand that I am free to resign at any time, with or without cause and without prior notice, and Children's Museum & Theatre reserves the same right to terminate my service at any time, with or without cause and without prior notice. This application does not constitute an agreement or contract for any specified period or definite duration. I understand that no representative of Children's Museum & Theatre has the authority to make any assurances to the contrary.

I understand that my selection as an intern is conditioned upon a successful criminal records check.

This application is current for only 60 days. If I wish to be considered for an internship after this time it will be necessary to fill out a new application.

**CONSENT AND WAIVER**

My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks and reference checks. I further authorize those persons, agencies or entities that Children’s Museum & Theatre of Maine contacts in connection with my internship application to fully provide Children’s Museum & Theatre of Maine any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy or interference with contractual relations that I might otherwise have against Children’s Museum & Theatre of Maine, its agents and officials, or against any provider of such information.

I represent and warrant that I have read and fully understand the foregoing and seek to intern under these conditions.

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Signature Date

**Did you remember to attach a copy of your government-issued photo ID or driver’s license?**

**Please return your completed application to:**

Children’s Museum & Theatre of Maine  
ATTN: Community Engagement Coordinator  
PO Box 4041  
Portland, Maine 04101  
FAX: 207-828-5726

For more information please contact the Community Engagement Coordinator at 828-1234 ext. 241.

**CHILDREN’S MUSEUM & THEATRE OF MAINE DOES NOT DISCRIMINATE AND COMPLIES WITH ALL APPLICABLE DISCRIMINATION LAWS.**