



Application for Internship

Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

School E-mail: _____

Non-School E-mail: _____

Cell Phone: _____

School:

College/University: _____ Graduation Date (exact): _____

Major: _____ Minor: _____ GPA: _____

Degree: _____ Bachelors _____ Masters

Internship:

Internship Semester: Jan-May _____ May-Aug _____ Aug-Dec _____

What position are you interested in? _____

What is the earliest that you can begin (exact date required)? _____

What is the latest day you can work until (exact date required)? _____

How many hours a week could you work? _____ Can you work weekends? ___ Yes ___ No

(Summer Applicants) Are you able to work at least 40 hours a week M-F? ___ Yes ___ No

Are you expecting to be paid? ___ Yes ___ No If so, how much? _____

Internship Requirements:

Are you doing this for Academic Credit? _____ Yes _____ No

What are the minimum hours worked per week? _____ Minimum number of weeks? _____

Are you taking this internship as a graduation requirement? _____ Yes _____ No

Will you be taking classes while doing this internship? _____ Yes _____ No

If yes, how are your classes done? _____ Online _____ In person _____ Both

Internship Coordinator / Supervising Professor: _____

Email: _____ Phone: _____

Mailing Address: _____

Housing:

Do you need housing during this internship: _____ Yes _____ No

If not, where will you live or what options do you have during the internship (exact address required)?

If the WMSC cannot provide housing, can you find housing on your own? ___ Yes ___ No

Skills

Can you use Microsoft Word, Excel, and PowerPoint? _____ Yes _____ No

(0 = Never use, 1 = played with, 2 = used for one project, 3 = used frequently, 4 = expert)

Adobe Acrobat: _____

Adobe Photoshop: _____

Adobe Illustrator: _____

Adobe InDesign: _____

Activities/interests:

List of special skills abilities, or certificates:

What are your qualifications to work as an intern for the Meijer State Games of Michigan?

What do you expect to learn and experience while interning?

Previous volunteer and non-profit experience:

Do you have current licenses or certifications in any of the following?

Drivers License: _____

Basic First Aid CPR: _____ Advanced First AID CPR: _____

Other Medical: _____ Sports expertise: _____ List: _____

Other special training: _____

References:

Please list three references that can attest to your character, work ethic, integrity and skills. Only one can be from a professor.

1) Full Name: _____ Relationship to you: _____

Email Address: _____ Daytime phone number: _____

2) Full Name: _____ Relationship to you: _____

Email Address: _____ Daytime phone number: _____

3) Full Name: _____ Relationship to you: _____

Email Address: _____ Daytime phone number: _____

Additional:

How did you hear about us? _____

Please send this application and resume to:

jshields@stategamesofmichigan.com

or

West Michigan Sports Commission

Attn: Julie Shields

300 Ottawa Ave NW, Suite 240

Grand Rapids, Michigan 49503