



The Art School ADULT INTERN APPLICATION

NOTE: If you have a need for an accommodation with any part of the application process, please contact Human Resources. Failure to complete all portions of this application may result in a delay in consideration for an internship assignment.

PERSONAL DATA

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____

City _____ State _____ Zip Code _____ Email _____

Date of Birth _____ Phone: Home _____ Mobile _____ Work _____

Name(s) of relative(s) employed by AMOA: _____

Occupation _____ Employer _____

In case of an emergency, contact (this is required for all volunteers; if under 18, should be parent/guardian):

Name _____ Phone _____

Relationship _____

REFERENCES

Please list references (professional associates, teachers/advisors, clergy, friends, etc. - not family members):

1. Name _____ Phone _____

Relationship _____

2. Name _____ Phone _____

Relationship _____

QUESTIONNAIRE (use additional pages as necessary)

What do you hope to learn or gain from your experience with the Museum? _____

List any previous experience you have had with the Museum, or any other volunteer/community activities experience: _____

Please attach a résumé.

AVAILABILITY

If applying for the Summer, are you available: 1st Session: June 1 through July 16 _____

2nd Session: July 12 through August 27 _____

Both Sessions _____

List times you are available to volunteer: Weekdays: Morning: _____ Afternoon: _____

Saturdays: Morning: _____ Afternoon: _____

Sundays: _____ Afternoon: _____

See Opportunities list and check your interests: _____ Office Intern _____ Ceramics Intern
_____ Volunteer Intern _____ Computer Lab Intern
_____ Lead Counselor ages 4-5 _____ Lead Counselor ages 6-8

TOBACCO and DRUG-FREE WORKPLACE POLICY STATEMENT

The Austin Museum of Art is committed to promoting the health and well-being of its employees, volunteers, and interns. One way AMOA supports this policy is by providing a tobacco-free work environment. As you apply for an internship with AMOA, you should understand and be prepared to abide by our policies on tobacco use.

All employees, volunteers, and interns must cooperate with any substance abuse investigation, including, if necessary, an alcohol and/or drug test, or other examination before testing. All employees, volunteers, and interns will have the opportunity, before testing, to provide the lab with a list of all drugs (prescription, over the counter, or otherwise) used and to explain the circumstances surrounding the use of such drugs. All records containing medical information will be maintained in accordance with applicable laws.

I acknowledge that I have read and understand the above tobacco policy and drug-free workplace policy statement, and I agree to abide by its terms. I understand that my volunteer assignment may be terminated for failure to abide by the tobacco-free work environment policy, refusal to sign the drug test consent form and/or to take the drug test, or failure to obtain a favorable drug test result.

Signature of Internship Applicant: _____ **Date:** _____

Each applicant is subject to a criminal background check. (The information requested below is required)

Do you have a current Texas driver's license? _____ If no, please list your out of state license number and the State in which it was issued. If you do not have a driver's license, please check this box

License # _____ Type of License: Operator Commercial Chauffeur

I understand and agree that the Austin Museum of Art, in considering my volunteer application, may obtain an investigative report regarding me before extending any offering any volunteer assignment.

I certify that the statements and information contained herein are true, complete, and correct to the best of my knowledge; I authorize any former employer or reference listed above to release to AMOA or its authorized representative any and all records and other information it may have about me. I understand that AMOA will use the information for the purpose of evaluating my volunteer application. A photocopy of this authorization shall be as valid as the original. I understand that any false statement contained herein, when discovered, will be grounds for the rejection of this application or for termination of my volunteer assignment.

I understand that as a volunteer at the Austin Museum of Art, I will not be considered an employee of AMOA.

Signature of Internship Applicant: _____ **Date:** _____

INVESTIGATIVE REPORT DISCLOSURE AND AUTHORIZATION

I understand that the Austin Museum of Art, Inc. ("AMOA") may condition my volunteer assignment(s) on the satisfactory results of an investigative report, and I acknowledge that I wish to be considered for a volunteer opportunity with AMOA. For the purpose of defining investigative report, it includes reference and criminal background checks.

By signing and dating this form, I acknowledge that I have received this disclosure form and that I authorize AMOA, or its authorized representative, to inquire into my background for the purpose of producing an investigative and/or consumer report. I understand that I am entitled to make a written request to AMOA or its agents to receive information about the nature and substance of the contents of the investigative and/or consumer report. I release AMOA, its officers, directors, agents, employees, assigns and successors, and all other persons or firms associated with or in any manner connected with AMOA, from any and all liability or claims that may arise out of, or in connection with an investigative and/or consumer report about me or an employment decision based on such report.

I hereby acknowledge that I have received, read and understand this disclosure and authorization form.

Print Full Name

Signature

Date