

Veterans' Memorial Hall & St. Louis County Historical Society

INTERN REGISTRATION

The following information is requested for the purposes of maintaining statistical records and will be used for administrative purposes only. Please Print in INK.

Mr. (O) Mrs. (O) Ms. (O) _____ Date _____

Local Address (Duluth) _____

City _____ State _____ Zip _____ Phone (_____

Permanent mailing address _____

City _____ State _____ Zip _____ Phone (_____

Citizenship: U.S. (O) Other _____ Date of Birth _____ SSN _____

School / College _____ Academic Level _____

Internship Arranged through: Intern Manager _____

Intern Program assigned to: _____

Supervised by: _____ Supervisor Phone (_____

Credit for Internship: YES / NO Credit Hours _____ Tuition Paid for Credits YES / NO

Number of Weeks _____ Hours Per Week _____

Stipend: YES / NO Source: _____ Amt: _____

Facilities / Instruction Fee: Paid () Waived () Amt: _____

Project Description (to be published in Rootprints or VMH Newsletter) _____

Signature of Intern Supervisor _____

Signature of Intern Manager _____

Are you covered by accident / medical insurance? YES / NO

Carrier _____ Policy # _____

In Case of Emergency, Contact _____ Phone _____

NOTE: Interns under the age of 18 are required to complete a Consent for Emergency Treatment form

Signature of Intern _____

Internship Start date _____ Termination Date _____