



The Museum of Broadcast Communications

Intern Application Form

First name: _____ Last name: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____ E-mail address: _____

Where are you currently enrolled? _____ Are you seeking credit hours? _____

We recommend that you commit a minimum of three hours per week to volunteering at the MBC, which is open Tuesday-Saturday 10 AM-5 PM. Please specify the exact days and times that you currently have available for volunteer work (e.g., "Tue and Thu 2-5 PM"):

Assignment preferences (check as many boxes as you'd like):

- Archives:** Duties include inventory, data entry, and screening audiovisual materials for content.
- Greeters/group tours:** Duties include greeting patrons and assisting with group tours.
- Gift shop/admissions:** Duties include handling patrons' money, processing credit-card information, and selling memberships, plus inventory, retail, and general cleanup.
- Marketing/events:** Duties include filing papers, sending e-mails and answering phone calls, and organizing group tours; must be available for after-hours events at the museum.

Please list any special skills, licenses, or experience you feel we should know about:

Have you been convicted of a felony or misdemeanor in the past five years? If so, please explain:

Emergency contact (name, phone number): _____

Please list two references (name, title, phone or e-mail): _____

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation, falsification, or omission herein shall be sufficient reason for dismissal or refusal of volunteer services.

Applicant signature: _____ Date: _____

It is the MBC's policy not to discriminate on account of race, gender, religion, national origin, age, disability, ancestry, sexual orientation, marital status, military discharge status, or source of income.

E-mail this form to sjajkowski@museum.tv or snail-mail it to:

Steve Jajkowski / Museum of Broadcast Communications
360 N. State St. Chicago, IL 60654

OFFICE USE ONLY

- References checked _____
- Applicant contacted _____
- Date of interview _____

Assigned to: _____

Day(s)/time(s): _____