

# WESTERN RESERVE HISTORICAL SOCIETY

Internship Program  
10825 East Boulevard  
Cleveland, Ohio 44106  
www.wrhs.org

## Western Reserve Historical Society Volunteer and Educational Internship Program Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Current address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Other phone ( ) \_\_\_\_\_ Is this a cell?

Permanent address \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

***Note: Participants will be photographed for educational, archival, public relations and security purposes for the Western Reserve Historical Society and the Volunteer and Educational Internship Program.***

I acknowledge that I will be photographed by the Western Reserve Historical Society and through my signature below consent to this action.

**Signature** \_\_\_\_\_

### Education

Current Status of Applicant:  Undergraduate  Graduate

Name of Current College or University: \_\_\_\_\_

Academic Status: Year \_\_\_\_\_ Major/s \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

List additional colleges or universities attended, degrees, and major fields of study

School \_\_\_\_\_ Degree \_\_\_\_\_ Major \_\_\_\_\_

School \_\_\_\_\_ Degree \_\_\_\_\_ Major \_\_\_\_\_

### Availability

Fall  Winter/Spring  Summer  Other \_\_\_\_\_ Date term begins: \_\_\_\_\_

Internship Hours:  Full Time (40 hrs/wk)  Half Time (20 hrs/wk)  Part Time (8-10 hrs/wk)

Preferred days of week: \_\_\_\_\_

## Skills

### General Skills

(check all that apply)

	Highly Skilled	Some Experience
Academic Research	<input type="checkbox"/>	<input type="checkbox"/>
Art History	<input type="checkbox"/>	<input type="checkbox"/>
Aviation	<input type="checkbox"/>	<input type="checkbox"/>
Car Maintenance/Restoration	<input type="checkbox"/>	<input type="checkbox"/>
Carpentry	<input type="checkbox"/>	<input type="checkbox"/>
Docent	<input type="checkbox"/>	<input type="checkbox"/>
Painting	<input type="checkbox"/>	<input type="checkbox"/>
Educational Program Research	<input type="checkbox"/>	<input type="checkbox"/>
First Person Interpretation	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>
Genealogy	<input type="checkbox"/>	<input type="checkbox"/>
Graphic Design	<input type="checkbox"/>	<input type="checkbox"/>
Food Service	<input type="checkbox"/>	<input type="checkbox"/>
Photography	<input type="checkbox"/>	<input type="checkbox"/>
Public Relations	<input type="checkbox"/>	<input type="checkbox"/>
Public Speaking	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>
Secretarial	<input type="checkbox"/>	<input type="checkbox"/>
Security	<input type="checkbox"/>	<input type="checkbox"/>
Sewing/Weaving/Crafts	<input type="checkbox"/>	<input type="checkbox"/>
Special Events Management	<input type="checkbox"/>	<input type="checkbox"/>
Teaching	<input type="checkbox"/>	<input type="checkbox"/>
Working With Small Children	<input type="checkbox"/>	<input type="checkbox"/>
Writing/Editing	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

### Computer Skills

(check all that apply)

	Highly Skilled	Some Experience
Databases	<input type="checkbox"/>	<input type="checkbox"/>
Spreadsheets	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Access	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Publisher	<input type="checkbox"/>	<input type="checkbox"/>
HTML	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify)		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

### Language Skills

Foreign Language (please specify)

_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

## Site Preference

- Library, Cleveland  
  History Museum, Cleveland  
  Crawford Auto/Aviation Collection, Cleveland  
 Administrative Headquarters, Cleveland  
  Hale Farm and Village, Bath

## Previous Application/Volunteer or Employment at WRHS?

Yes    No  
 If yes, when? \_\_\_\_\_ Which department (library, education, etc.)? \_\_\_\_\_

Have you ever been convicted of a crime?    Yes    No  
 If yes, what were the details?

## Objectives/Goals

Please attach a copy of your resume and a cover letter describing your interests and objectives in obtaining a volunteer and educational internship with the Historical Society.

**Confidentiality Policy**

All records and information relating to WRHS (“WRHS Information”) and its business and all documents designated “Confidential” are considered confidential. Confidential WRHS matters that come to the attention of a WRHS volunteer must be carefully respected. No WRHS Information, including without limitation, documents, notes, files, records, oral information, computer files, concepts, designs, etc. may be removed from WRHS premises, except in the scope of volunteering while performing duties on behalf of WRHS, or disclosed to anyone without permission from WRHS. Unauthorized disclosure of such information is a serious matter, and may result in termination of volunteer duties.

Confidentiality in regard to release dates on news releases, appointments or other announcements must be strictly maintained. Volunteers contacted by the media (reporters for newspapers, magazines, television, radio, etc.) with questions concerning the WRHS or any other matter, should not engage in conversation with or release any information to the media about the WRHS. Requests of this nature from the media should be referred to the Vice President of Communications & Marketing, or to the President/CEO.

No volunteer is to disclose, directly or indirectly, to any person, association, firm or corporation any trade secrets or confidential information, knowledge or data. No volunteer is to use or permit any person, association, firm or corporation to use, directly or indirectly, any such trade secrets or confidential information, knowledge or data, except in the scope of their employment with WRHS and for the benefit of WRHS.

Personal or identifying information about employees (such as names, addresses, telephone numbers, or salaries) may not be released to anyone within the WRHS, unless he/she is authorized by the nature of duties to receive such information. Nor should personal or identifying information about employees be released to anyone outside the WRHS by anyone other than the Human Resources Officer and only with the written permission of the employee, unless required by law.

Personal or identifying information about members and/or donors (such as names, addresses, telephone numbers, or contributions) may not be released to anyone within the WRHS, unless he/she is authorized by the nature of duties to receive such information. Nor should personal or identifying information about members and/or donors be released to anyone outside the WRHS by anyone other than a Development Office Representative and only with the written permission of the member and/or donor, unless required by law.

In addition, subpoenas and other legal servings should be handled and signed for only by the President/CEO, Senior Vice President of Finance & Administration, Vice President of Buildings & Grounds, or the Human Resources Officer. No other personnel are permitted to sign for such documents.

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I acknowledge and agree to abide by the WRHS confidentiality policy. I understand that violation of the confidentiality policy may result in removal of volunteer duties.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

# Background Investigation Authorization

As part of our hiring background and investigation, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act.

## AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_

_____	_____	_____
Last Name	First Name	Middle Name

  

_____	_____
Current Address	Dates Lived Here

  

_____	_____
Previous Addresses: (include street, city, state, zip code)	Dates of Residence:

  

_____	_____	_____
Date of Birth	Other Names Used (including maiden name)	Years Used

  

_____	_____	_____
Social Security Number	Driver's License #	State

  

\_\_\_\_\_

Email address (may be used for official correspondence)

do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **IntelliCorp Records, Inc** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc** for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

_____	_____	_____
Printed Name	Applicant Signature	Date

- CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY:** If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Report, please check the box. This report may include character and reputation information obtained through personal interviews.
- MASSACHUSETTS APPLICANTS ONLY:** Under Massachusetts law, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her criminal history. Massachusetts applicants should not respond to any of the questions seeking criminal record information.

**DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.**