



Address: 1015 6th Street West, Palmetto, FL 34221
Telephone: 941.721.2034

INTERNSHIP APPLICATION

To apply please submit application via email agriculturalmuseum@manateeclerk.com or
via postal service to 1015 6th Street West, Palmetto, FL 34221

Please Print Legibly

Applicant Information

Last Name _____ First Name _____ Middle _____

Phone _____ Alt. Phone _____ Gender: M F

Email Address _____

Current Mailing Address _____

City _____ State _____ Zip _____

Permanent Mailing Address _____

City _____ State _____ Zip _____

Project Applying for _____

Health Insurance Information: I am not currently covered under health insurance.

I am currently covered under health insurance.

Insurance Company Name _____

Policy # _____ Group # _____ ID # _____

Name of Primary Insured _____ Relationship _____

Address _____

Phone _____



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Criminal History:

Do you have any criminal charges pending against you? ____ yes ____ no

Have you ever: been arrested for, charged with, or accused of committing a criminal offense; pled no contest or guilty to a criminal offense; entered into a pre-trial diversion program for a criminal offense; or been adjudicated guilty of, adjudicated delinquent of, or had adjudication withheld for any criminal offense? ____ yes ____ no

If yes, date(s) _____

What charge(s)? _____

Where? _____

Disposition? _____

Further Explanation _____

Have you ever had an injunction (temporary or permanent) filed against you or had a judicial officer order you to not commit or threaten any acts of violence or harassment toward another person? ____ yes ____ no

If yes, date(s) _____

Where? _____

Further Explanation _____

Academic Affiliation

Name of School Attending _____ Academic Level _____

Academic Advisor _____ Phone _____

Address _____

Academic Major(s) _____ Minors(s) _____



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Qualifications

Career Goals: Briefly state your short and long-term career aspirations.

Skills: List your computer, technical, equipment, field and language skills

Academic Achievements: List your academic achievements, honors and awards

Experience/Background: Record your relevant work, volunteer and research experience.

Additional Information: Note any additional information you would like to share relevant to your proposed internship project.

References (Professional or Academic)

Name _____ Phone _____

Email address _____ Profession _____

Relationship to applicant _____

Name _____ Phone _____

Email address _____ Profession _____

Relationship to applicant _____



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By signing below, I certify all information is true and correct to the best of my knowledge.

Signature _____ Date _____

Printed Name _____

STAFF USE ONLY

Intern was: Accepted Starting Date: _____

Project: _____

Denied Reason: _____

Intern was Contacted of Decision on: _____ by (method): _____

Signature: _____ Date: _____

(Manatee County Agricultural Museum Representative/Title)