



Application for Event Coordinator Internship

Contact:

Name: _____

Address: _____

City _____ State _____ Zip _____

School E-mail: _____

NON-School E-mail: _____

Cell phone: _____

School:

Internship semester: Jan-Apr _____ May-Aug _____ Aug-Dec _____

Would you be available to extend your internship to the next semester? ____ Yes ____ No

College/University: _____ Graduation Date (exact): _____

Major: _____ Minor: _____ G.P.A. _____

Degree: ____ Bachelors ____ Masters

Requirements:

What are the minimum hours required per week ____ what are the minimum number of weeks? _____

Are you doing this for Academic Credit? ____ Yes ____ No

Are you taking this internship as a graduation requirement? ____ Yes ____ No

Will you be taking classes while doing this internship? ____ Yes ____ No

If yes, how many credit hours? _____

Internship Coordinator / Supervising Professor: _____

Email: _____ Phone: _____

Mailing address: _____



Computer skills:

Can you use Microsoft Word & Excel? ____ Yes ____ No

(0=never used; 1=played with; 2=used for one project; 3=used frequently; 4=expert):

Adobe Acrobat ____ Canva ____

Adobe Illustrator ____ Any E-mail Marketing Programs ____

Housing:

Do you need housing during this internship? ____ Yes ____ No

*note that the WMSC does not provide housing

If not, where will you live or what options do you have during the internship (exact address required)?

What is the earliest that you can begin (exact date required)? _____

What is the latest day you can work until (exact date required)? _____

Are you able to work at least 20 hours a week M-F and weekends? ____ Yes ____ No

If not, what can you work? _____

Are you expecting to be paid? ____ Yes ____ No If so, how much? _____

Activities/interests:

List special skills, abilities or certificates:

What are your qualifications to work as an intern at the WMSC?



What do you expect to learn and experience at the WMSC?

Previous volunteer and non-profit experience:

Do you have current certifications or licenses of any of the following?

- Driver's License _____
- First Aid CPR Certification _____
- Other Medical Training _____ List _____
- Sports expertise _____ List _____
- Other special training: _____

References:

Please list three references that can attest to your character, work ethic, integrity and skills. Only one can be from a professor.

1) Full Name: _____ Relationship to yourself: _____

Email address: _____ Daytime telephone number: _____

2) Full Name: _____ Relationship to yourself: _____

Email address: _____ Daytime telephone number: _____

3) Full Name: _____ Relationship to yourself: _____

Email address: _____ Daytime telephone number: _____

Additional:

How did you hear about us? _____

Please send this application and resume to:

abey@westmisports.com

OR

West Michigan Sports Commission
Attn: Alyssa Bey
300 Ottawa Ave NW, Suite 240
Grand Rapids, MI 49503