



Quarter _____ Year _____
 Begin _____ End _____
 # of credits _____ Hours per week _____
 Total # of hours _____

Volunteer/Internship/Practicum Registration

Whatcom Museum of History & Art, 121 Prospect Street, Bellingham, WA 98225 (360) 676-6981
Whatcom Childrens Museum, 227 Prospect Street, Bellingham, WA 98225 (360) 733-8769

Museum Dept.: _____

Supervisor at the museum: _____

Name: _____ Social Security #: ____ - ____ - _____

Mailing Address and Zip Code: _____

Home Phone #: _____ Work Phone #: _____

Date of Birth (mo/day/year): _____ email: _____

Auto Year/Make/Color: _____ License #: _____

Emergency Contact: _____ Phone #: _____

Personal Physician: _____ Phone #: _____

University/College Information

Sponsoring Professor: _____ Dept. _____

Mailing Address: _____

Phone #: _____ Professor's office hours: _____

Professor's e-mail address: _____

Class & Work Schedule:

Monday _____
 Tuesday _____
 Wednesday _____
 Thursday _____
 Friday _____
 Saturday _____

Museum Working Hours:

Monday _____
 Tuesday _____
 Wednesday _____
 Thursday _____
 Friday _____
 Saturday _____

******* MUSEUM USE ONLY *******

Copies of this form to:
 Supervisor _____ [Orientation _____/Date _____ Name Tag _____]
 Accounting Dept. _____ [copy of Driver's License _____ Info Form _____]
 Vol. Database _____
 Security _____ [reference/security check _____/ Date _____]

Project Description:

I understand that if I can not adhere to the agreed upon schedule that I will call my supervisor in advance of the scheduled work time. I will turn in a copy of any research paper and informal log to my sponsoring professor and to my supervisor at the Whatcom Museum at the end of my internship/practicum.

Method of Evaluation: (See Guidelines) plus form from WMHA

Signatures:

Student _____

Supervisor _____

Professor _____

Dates:
