

High School Internship Program Recommendation Form 1 of 2

*This form should be completed by a personal/professional reference. The person completing this should not be a parent/guardian. A teacher, coach, employer, or someone else who knows you well would be appropriate. **Return this form to the Internship Program at the address below by Friday, September 9, 2016.***

Applicant's name _____

Person giving reference (full name) _____

Reference Address _____ Phone _____

Relationship to applicant _____ How long have you known him/her? _____

Please describe the applicant's interpersonal skills. _____

Please describe the applicant's ability to follow through on commitments. _____

Students may work with young children aged 4 to 12. Would you feel comfortable if this student played with your child? (Please circle) Yes No Why? _____

When students interact with our visitors, they are viewed as ambassadors of our organization. Do you feel this individual can provide good customer service and act as a positive, professional representative of the Society? (Please circle) Yes No Why? _____

Would you recommend this student as an intern at the Minnesota Historical Society?

(Please circle) Yes No Why? _____

What additional information would you like to share about this applicant? _____

Reference signature _____ Date _____

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Would you recommend this student as an intern at the Minnesota Historical Society?

(Please circle) Yes No Why? _____

What additional information would you like to share about this applicant? _____

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