

High School Internship Program Recommendation Form

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 Volunteer Services at the address below by Friday, November 13, 2015.

Applicant's name	
Person giving reference (full name)	
Reference Address	Phone
Relationship to applicant	How long have you known him/her?
	lls
	through on commitments
Students may work with young children aged 4 th child? (Please circle) Yes No Why?	to 12. Would you feel comfortable if this student played with your
	e viewed as ambassadors of our organization. Do you feel this and act as a positive, professional representative of the Society?
Would you recommend this student as an intern (Please circle) Yes No Why?	·
What additional information would you like to s	hare about this applicant?
Reference signature	Date

Minnesota Historical Society, Volunteer Services: High School Internship Program 345 Kellogg Boulevard West, Saint Paul, MN 55102-1906 internships@mnhs.org



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