

High School Internship Program Application Addendum

Please complete this form and return it to the address below no later than Monday, May 11, 2015

Applicant's Name _____ Date: _____

Education

School _____ Grade (circle) 8 9 10 11 12

Graduation Year _____ Career Interest _____

Photo Permission

_____ I give complete and full permission to the Minnesota Historical Society to use or reproduce photographs made of myself or child or as a volunteer. This permission gives the Society the complete right to use photographs in any publication, file, promotion, web site, or multi-media presentation relating to and for the Minnesota Historical Society in the self-promotion or documentation of Society activities.

_____ I do not give my permission for the Society to use a photograph for any purpose.

If I change my mind, I understand that I must write to the Volunteer Services Program and state that I have changed my mind about giving permission to use photos of myself or child.

Student's Signature

Date

If you are a minor, under age 18, a parent or guardian must give permission as well.

Parent's or Guardian's Signature

Date

Parent/Guardian Signature

Applicants under the age of eighteen MUST have this form signed by their parent or guardian before they begin.

This applicant has my permission to be on the High School Internship Program the Minnesota Historical Society.

Parent's or Guardian's Signature

Date

Parent Phone Number