



USNSM Internship Application

Instruction Sheet

Thank you for your interest in becoming an intern at the U.S. Navy Seabee Museum. Our interns play a vital role in the activities at the U.S. Navy Seabee Museum. They supplement the staff in important ways with special talents and knowledge that might not be otherwise available.

Please note that you must meet the following requirements in order to be qualified as a U.S. Navy Intern: you must be 18 years or older.

The next step in applying to become an intern is to complete the attached form. Your answers to the questions will enable us to see where you might best help our program and what activities would be most fulfilling to you. Many of the questions are self-explanatory. Others might need a little explanation.

Please note that a background check will be necessary, depending on the type of internship service you will provide and the kind of access you are granted to our facility. For further information about this step in the application process, please contact the Education Specialist at **(805) 982-6189** or **NHHC_USNSMVisit@us.navy.mil**. Be assured that any information you provide will be held in the strictest confidence and divulged to others only in compliance with OPNAV 5380.1d acceptance and use of voluntary service in the Navy.

BACKGROUND

The Navy's vision is to develop and effectively utilize a total force, consisting of military Service members (active, reserve, and retired), government civilians, contractors, and volunteers to execute the Navy's mission: supporting operational commanders with the right person and doing the right work, at the right time, with the right training, at the best value. Former Service members and employees can be an especially useful resource for all areas of internship service.

ADDITIONAL REQUIRED FORMS

*OF 306 Declaration for Federal Employment

*DD2793 Volunteer Agreement for Appropriated Fund Activities

*SECNAV 5512/1 Department of the Navy Local Population ID Card/Base Access Pass Registration

SEND YOUR COMPLETED APPLICATION TO:

Mailing Address NBVC, Bldg. 100
Port Hueneme, California 93043

Street Address—located just outside the NBVC Knott gate
3201 S. Ventura Road Port Hueneme, California 93043

Email NHHC_USNSMVisit@us.navy.mil



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PERSONAL INFORMATION: Please provide a phone number by which we can reach you Monday through Friday during business hours to follow up on your application. You may also provide an email address for that purpose.

Name: Mr. Mrs. Ms. _____

Date of Birth (MM / DD / YY) _____

Street address, City, State, Zip _____

Telephone number _____ Email _____

EDUCATION:

Level High School	Name/Location	Years attended _	Diploma/GED O Yes O NO
	_____	_____	
	_____	_____	

College	Name/Location	Years attended	Field of Study
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Undergraduate	_____	_____	_____
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Graduate	_____	_____	_____
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WORK EXPERIENCE: Please summarize your last 10 years of employment. When listing your work experience, show only the last 10 years. If you are retired, please consider the last 10 years you worked prior to retirement.

Position	From / to	Employer
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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PREVIOUS INTERNSHIP EXPERIENCE: Please summarize any prior/current internship positions:

Duties	From / to	Organization
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LANGUAGES: An ability to speak and understand a foreign language most likely will be used to assist the staff in reading and responding to foreign language correspondence or in translating documents from the holdings of the archive.

Foreign language(s)	Speak/Understand
-----	<input type="radio"/> Fluent <input type="radio"/> Proficient
-----	<input type="radio"/> Fluent <input type="radio"/> Proficient

Specialized languages:

American Sign Language Highly skilled Some ability

SPECIAL SKILLS: Check all that apply. The information that you provide will help us identify which activities at the U.S. Navy Seabee Museum might interest you the most and where you can make the greatest contribution to our programs.

I'am Skilled in:

- Word Processing
- Excel
- PowerPoint
- Data Entry
- Photoshop
- Canva
- Photography

Do you have any other skills or particular interests? Please list:



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EMERGENCY MEDICAL CONSENT FORM

THIS FORM IS FILED IN YOUR VOLUNTEER OR INTERN PERSONNEL RECORD. THE U.S. NAVY WILL CONTACT THE PERSONS YOU LIST IN CASE OF AN EMERGENCY AND ARRANGE TO TRANSPORT YOU TO THE NEAREST MEDICAL FACILITY.

EMERGENCY CONTACT INFORMATION:

Name: Mr. Mrs. Ms. _____

Date of Birth (MM / DD / YY) _____

Street address, City, State, Zip _____

Telephone number (Required) _____



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AVAILABILITY: When are you available?

Days: Monday Tuesday Wednesday Thursday Friday Saturday

Hours: _____

COMMENTS: If you have anything else you'd like to share, or comments about your suitability, feel free to add them here:

REFERENCES: List two people who are NOT relatives, who know about your abilities and knowledge. It is important that you provide the names of two individuals who can be contacted to discuss your qualifications for a volunteer position. They will be informed of the reason for contact.

Name: _____ Name: _____

Street address _____ Street address _____

City, State, Zip _____ City, State, Zip _____

Telephone _____ Telephone _____

Email _____ Email _____

CERTIFICATION: I hereby certify that the information given on this application is true to the best of my knowledge. I consent to contacting references to confirm my abilities and knowledge.

Signature: _____ **Date:** _____