



Home of American Golf™

Submit to: Emily Jack
 Visitor & Meeting Services Manager
 Convention & Visitors Bureau
 10677 US Highway 15/501
 Southern Pines, North Carolina 28387
 P: 910-692-3330 ext. 242
 E: ejack@homeofgolf.com
 www.homeofgolf.com

Volunteer Internship Application

Last Name		First	Middle	Date of Application
Address				Main Telephone
City, State, Zip Code				Secondary Telephone
Name as you would like it printed on your CVB name tag			Email:	
Shirt Size:		Preferred method of communication: <input type="checkbox"/> Phone <input type="checkbox"/> Email		
Men's <input type="checkbox"/>		Women's <input type="checkbox"/>		
Emergency contact (name & phone):				

PROFESSIONAL REFERENCES (supervisor, coach, etc.)

Name	Telephone	Years Known	In what capacity did this person observe you or your work?

VOLUNTEER & WORKING EXPERIENCE (most recent at the top)

Organization/Company	Location	Years	Description

What line of work or academic program are you planning on pursuing?

What do you think the CVB does? How does the CVB impact the local economy?

What professional goals do you hope to accomplish and skills would you like to learn while interning with the CVB?

Signature:		Date:	
------------	--	-------	--