



2019-2020 Internship Application

Name: _____ DOB(Mo/Day): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Emergency Contact Name and Phone:

University/College currently enrolled:

Supervising Professor's name, email address, and phone:

Major/Minor: _____ Year of Study: _____ GPA: _____

List any other pertinent educational and/or volunteer background:

References (please no family members):

Name and Title

Phone and Email

Name and Title

Phone and Email



I understand that all internships at the Beaches Museum are unpaid. In the event that any of the above information changes during the application process or internship period, I will notify Museum staff in a timely manner.

Signature: _____ Date: _____

Name Printed: _____