

**EVERHART MUSEUM**  
NATURAL HISTORY. SCIENCE. ART.  
est 1908

## INTERNSHIP APPLICATION

**How did you hear about the museum studies internship program?**

MUSEUM WEBSITE    SCHOOL ADVISOR    POSTER    TEACHER    OTHER

Explain: \_\_\_\_\_

**Are you legally eligible to work in the United States?**  Yes  No  
(proof of eligibility is required after an offer is extended in accordance with the law)

**Please indicate your primary areas of interest:**  
(rate 1-5, with 1 signifying the highest level of interest)

- \_\_\_ EDUCATIONAL PROGRAM DEVELOPMENT
- \_\_\_ TEACHING CHILDREN AND/OR ADULT AUDIENCES
- \_\_\_ RESEARCH, COLLECTIONS MANAGEMENT
- \_\_\_ EXHIBITION PREPARATION
- \_\_\_ PUBLIC RELATIONS, MARKETING

I AM INTERESTED IN A WIDE VARIETY OF MUSEUM FUNCTIONS AND WOULD ACCEPT ANY PLACEMENT THAT MATCHES MY SKILLS.

YES  NO

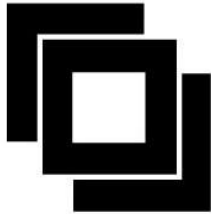
**Do you expect the internship to fulfill an academic requirement?**

YES  NO

**If yes, please explain.**

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# INTERNSHIP APPLICATION

Please read all of the information carefully and sign below.

Your signature implies that you have read and agree with the following statements regarding your participation in the Everhart Museum's Internship Program.

- I have read the materials provided and understand the content and requirements of the Internship Program.
- I understand that the success of an internship experience is a cooperative effort on the part of the student and the Museum, and I agree to do my part to create positive learning experience. I also agree to behave in conformity with the rules and regulations of the Everhart Museum. Failure to do so could result in immediate dismissal from the program without any advance notice.
- I am aware that participants may be photographed for educational, archival, or public relations purposes during their internship experience. I give my consent that photographs of the participant may be published in Everhart Museum materials.
- I understand that although the Everhart maintains the highest safety standards, the Museum does not assume liability for accidents, illness, or disease.

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STUDENT NAME (PLEASE PRINT)	STUDENT SIGNATURE	DATE
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**APPLICATION CHECKLIST**

- INTERNSHIP APPLICATION
- LETTER OF RECOMMENDATION
- COVER LETTER
- RESUME

**SEND APPLICATION TO:**

Education Department  
 c/o Everhart Museum  
 1901 Mulberry St.  
 Scranton, PA 18510-2390

FOR OFFICE USE ONLY:	
APPLICATION RECEIVED	START DATE
INTERVIEW	END DATE