

## INTERNSHIP APPLICATION

In addition to filling out this application completely, please obtain a letter of recommendation, and include a cover letter and your resume. The Everhart Museum Internship is an unpaid, volunteer position. Students are encouraged to ask their respective schools about the process for receiving academic credit and the availability of funding for internships at nonprofit institutions.

LAST NAME		FIRST NAME	D	ATE OF BIRTH		٨	MALE/FEMALE
ADDRESS							
ADDICESS							
CITY		STATE			ZIP CC	DDE	
HOME PHONE CELL PHC			ONE				
HEALTH CONCE	RNS						
EMERGENCY CONTACT F		PH	IONE	RELATIONSHIP			
SCHOOL NAME				GRADE/YEAR			
SCHOOL ADDRESS				SCHOOL PHONE			
NAME AND PC	OSITION OF I	NDIVIDUAL '	WRITING YOUR F	RECOMMENI	DATION		
Which internsh	nip period a	re you appl	ying for?				
SUMMER FALL SEMESTER SPRING SEMESTER							
How many ho	urs do you r	need to con	nplete your inte	rnship?			
What days and	d times are	you most lik	cely to be availd	able?			
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Eveninas							



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How did you hear about the	museum studies interns	ship program	?	
MUSEUM WEBSITE	SCHOOL ADVISOR	POSTER	TEACHER	OTHER
Explain:				
Are you legally eligible to w (proof of eligibili	rork in the United States? ty is required after an of		d in accordan	ce with the law)
Please indicate your primar				
(rate 1-5, with 1 s	ignifying the highest lev	el of interest)		
EDUCATIO	)NAL PROGRAM DEVE	LOPMENT		
TEACHING	CHILDREN AND/OR /	ADULT AUDIE	NCES	
RESEARCH	H, COLLECTIONS MANA	AGEMENT		
EXHIBITION	N PREPARATION			
PUBLIC RE	LATIONS, MARKETING			
I AM INTERESTED IN A WIDE V		ICTIONS AND	WOULD ACCE	PT ANY
□YES □NO				
Do you expect the internshi	p to fulfill an academic	requirement?		
□YES □NO				
If yes, please explain.				



## 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.

STUDENT NAME (PLEASE PRINT)	STUDENT SIGNATURE	DATE
APPLICATION CHECKLIST	SEND APPLICATION TO:	
INTERNSHIP APPLICATION	Education Department	
LETTER OF RECOMMENDATION	c/o Everhart Museum	
COVER LETTER	1901 Mulberry St.	
RESUME	Scranton, PA 18510-2390	
FOR OFFICE USE ONLY:		
APPLICATION RECEIVED INTERVIEW	START DATE END DATE	