



**---PREE DAMMOND Intern Application---**

<b>Applicant Information</b>							
Last Name		First			Date		
Street Address						Apt/Unit	
City		State			Zip		
Phone		Cell Phone					
Email address:							
Have you ever been convicted of a felony?				If yes please explain:			
<input type="checkbox"/> Yes <input type="checkbox"/> No							
How did you hear about our internship program?							
<b>Availability</b>							
Please check semesters of availability:							
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Other, please explain: _____							
Please check your general availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (approx. 9-1)							
Afternoon (approx. 1-5)							
Evening (approx. 5-9)							
<b>Areas of Interest</b>							
Please indicate which area interests you:							
<input type="checkbox"/> Conservation		<input type="checkbox"/> Curatorial		<input type="checkbox"/> Development		<input type="checkbox"/> Education	
<input type="checkbox"/> Exhibits		<input type="checkbox"/> Events		<input type="checkbox"/> HR		<input type="checkbox"/> Marketing	
<input type="checkbox"/> Performance		<input type="checkbox"/> Registration		<input type="checkbox"/> Security		<input type="checkbox"/> Writing	
<input type="checkbox"/> Other, please explain: _____							
<b>Experience/Education and Skills</b>							
Current employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Employed							
Current or most recent paid position held							
Are you currently a full-time student?				If yes, please indicate school and concentration:			
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Level				Areas of study:			
<input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate student							
Do you speak any other languages?				If yes, please list language			
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Fluent <input type="checkbox"/> Semi-Fluent <input type="checkbox"/> Basic			
Computer Skills/Software Used:							



<b>Personal Information</b>
Why are you interested in an internship in our organization?
What specific experience would you like to gain through this internship?
Describe your long-term career goals:

<b>Professional References</b>	
Name	Relationship and contact info (e-mail and/or phone number)

<b>Disclaimer and Signature</b>	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my release.	
Signature:	Date: