

INTERNSHIP PROGRAM APPLICATION

Personal Information

Name : _____

Address : _____

_____ ZIP Code : _____

Date of Birth : _____

Phone No : _____ Email : _____

Educational Background :

School/University

Major

Graduate Year

Work & Volunteer Experience :

Company Name

Position

Period

Availability

Preferred Start Date: _____

Preferred End Date: _____

Weekly Availability: _____

INTERNSHIP PROGRAM APPLICATION

References:

Name : _____

Relation: _____

Phone No : _____ Email : _____

Name : _____

Relation: _____

Phone No : _____ Email : _____

Name : _____

Relation: _____

Phone No : _____ Email : _____

Please submit this completed form along with your resume and cover letter to:

Carley Brockwell

Manager of the Museum School
cbrockwell@newportartmuseum.org

Signature: _____ Date: _____