

## Internship Application Form

Today's Date		
Personal Information	1	
Last Name		First Name
Current Address		
City	State	Zip Code
Phone Numbers: Cell		Home
E-Mail Address		
Have you previously vol	unteered in any other museun	ns? Yes No
If yes, where		date
Internship Information	on	
Department you are appl	ying for:	
Curatorial	Education and Programs	Administration
Will you seek academic	credit for this internship? Yes	No
		obtaining and meeting their specific program requirements.  documentation upon request.
Attachments		
<b>Resume</b> : Attach a resum to the internship for which		bursework, work experience, and other experience that relates
	ecific department. How will th	why you seek an internship at the Anderson County Museum is internship relate to your academic and career goals? Please
	tion: Provide one letter of recon if the letter is included.	ommendation from a current or former professor or employer.
How did you find out ab	out the internship for which y	ou are applying?
Please return all complet	ted applications via Mail or E-	mail:
Anderson County Museu	ım, 202 East Greenville Stree	t, Anderson SC 29621
Email: Dustin Norris, Cu Coordinator, at jhill@an		ountysc.org or Jacob Hill, Museum Education Program
Phone: 864-260-4737		
andersoncountymuseum	.sc.gov	