

Historical and Cultural Society of Clay County
Internship Application

Name: _____ Phone: _____

Email: _____

School: _____ Year: _____

Academic Advisor: _____ Major: _____

Academic Advisor Email: _____

Semester Address: _____

City: _____ State: _____ Zip Code: _____

Home Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

How did you learn about the internship program?

How many hours are you willing to work per week?

In order of preference, 1 being most preferred, please indicate the department in which you want to intern:

General Museum _____ Communications _____ Archives _____

Artifacts _____ Events _____ Exhibits _____

Which cycle are you applying for and which days are you available?

Spring _____ Summer _____ Fall _____

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Sunday _____

Language(s): _____

Computer Skills (indicate programs): _____
