



## Internship Application

**Please complete all pages and attach your resume and recommendation letter. Return by one of the methods below:**

Email:

Education Manager

Re: Internship Application

[macarthureducation@norfolk.gov](mailto:macarthureducation@norfolk.gov)

Mail:

MacArthur Memorial

Attn: Education Manager

MacArthur Square

Norfolk, VA 23510

**Please note that your application cannot be reviewed until all supporting documents have been received. Applicants must be 18 years of age or older to be considered for the Internship and Volunteer Program.**

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Last Name

First Name

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Address

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City

State

Zip Code

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Phone

Email

**Which semester are you applying for?**

Fall (Sept-Dec)     Spring (Jan-April)     Summer (May-June)

Do you have volunteer or museum experience? If yes, please explain.

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Describe your availability.

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Why do you want to intern at the MacArthur Memorial? What are you hoping to gain from this experience?

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Are you pursuing this internship for school credit?      \_\_\_ Yes      \_\_\_ No

**There are several areas in which interns can work. Please rank according to your preference. Note that assigned tasks may depend on need/availability.**

- \_\_\_ Curatorial (cataloguing, research, accessioning, collections and exhibit maintenance, etc.)
- \_\_\_ Archives (cataloguing, digitization, accessioning, scanning, archival maintenance, research, etc.)
- \_\_\_ Education (tours, research, educational programming, social media, special events, etc.)
- \_\_\_ No Preference

**Please rank your skill in the following areas:**

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>
Teamwork	___	___	___
Customer/Visitor Service	___	___	___
Public Speaking	___	___	___
Computer Skills	___	___	___
Social Media/Graphic Design	___	___	___
Research/Writing	___	___	___

**Languages. Please indicate fluency (R- Reading, W- Writing, S- Speaking)**

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**To be completed upon acceptance:**

**Agreement and Signature**

I agree to abide by the rules of conduct and mission guidelines of the MacArthur Memorial. I understand that as an intern, failure to adhere to these guidelines may result in my immediate dismissal and an incomplete program.

**Name (printed)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Emergency Contact (Full Name, Phone Number)** \_\_\_\_\_