

| Date Received |
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Internship Application

Please complete both pages and attach your resume and recommendation letter. Return to:

Email: Amanda Williams RE: Internship Application amanda.williams@norfolk.gov Fax: MacArthur Memorial Attn: Amanda Williams 757.441.5389

Mail: MacArthur Memorial Attn: Amanda Williams MacArthur Square Norfolk, VA 23510

Please note that your application cannot be reviewed until all supporting documents have been received.

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| Why do you want to intern at the MacArthur Memorial? | |
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The MacArthur Memorial Internship Application

| There are several are | eas where inter | rns can work. I | Rank according | to your preference: |
|-------------------------|-------------------|-------------------|--------------------|--|
| Curatorial (ca | ataloguing, rese | arch, etc) | | |
| Archives (ca | ataloguing, scar | nning, etc) | | |
| Education (to | ours, research, p | podcasting, etc.) | | |
| Rank Your Skills | Excellent | Good | Fair | N/A |
| Research | [] | [] | [] | [] |
| Writing | [] | [] | [] | [] |
| Public Speaking | [] | [] | [] | [] |
| Computer Skills | [] | [] | [] | [] |
| Teamwork | [] | [] | [] | [] |
| Web/Graphic Design | [] | [] | [] | [] |
| Languages (indicate t | luency with r – | reading, w – wi | iting, s – speakin | g.) |
| To be completed upo | - | ns an intern: | | |
| I agree to abide by the | rules of conduct | • | | rthur Memorial. I in my immediate dismissal |
| Name (printed) | | | <u> </u> | · |
| Signature | | | | |
| Date | | | | |
| Emergency Contact | | | | |