



Ongoing Internship Application Form

Background Information

Legal Name: _____ Preferred Name: _____

Pronouns: () She/Her () He/Him () They/Them () _____

Phone Number: _____ Email: _____

Mailing Address: _____

Education

() High School () Undergraduate () Graduate () Emerging Professional

School Name: _____ Year of Study: _____

Area(s) of Study: _____

Availability

Start Date: _____ End Date: _____

Internship Path: () Curatorial () Education () Public Relations () Social Media & Marketing

Hours per Week: _____

Weekly Schedule Availability: *answers will be used as a planning tool, selections are not final.*

() Monday () Tuesday () Wednesday () Thursday () Friday () Saturday () Sunday