

KCHM Intern Application

Contact Information

Name: _____

Address: _____

Email: _____

Phone Number: Home: _____

Cell: _____

Activities *(Check the ones you would like to do)*

- | | | |
|---|---|--|
| <input type="checkbox"/> Cataloging | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Condition Reporting |
| <input type="checkbox"/> Photographing | <input type="checkbox"/> Assist School Groups | <input type="checkbox"/> Assist Instructional Sessions |
| <input type="checkbox"/> Set Up and Take Down of Events | <input type="checkbox"/> Research | <input type="checkbox"/> Rehousing Collections |

Have you had any museum training? Yes No

List courses applicable to museum work: _____

List previous internships (where, when, & hours/credits): _____

Special Training or Skills: _____

KCHM Intern Application

Availability:

Monday Tuesday Wednesday Thursday Friday Saturday

How many hours/credits is this internship for? _____

When does the internship need to be completed by? _____

Will there be any potential time conflicts? _____

Emergency Contact

Name: _____

Relationship: _____

Daytime Phone: _____