



About You

Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone # \_\_\_\_\_

License # \_\_\_\_\_ Student ID # \_\_\_\_\_

Do you have any special skills, training, knowledge, interests, or hobbies?

\_\_\_\_\_  
\_\_\_\_\_

Education

High School: \_\_\_\_\_ Graduation: \_\_\_\_\_

College: \_\_\_\_\_ Graduation: \_\_\_\_\_

Major : \_\_\_\_\_ Minor: \_\_\_\_\_

Type of internship: (please check one)

8 weeks: \_\_\_\_\_ College credit semester: \_\_\_\_\_

12 weeks: \_\_\_\_\_ College credit quarter: \_\_\_\_\_

*If for college credit, please complete this section:*

College attending: \_\_\_\_\_ Advisor name: \_\_\_\_\_

Advisor department: \_\_\_\_\_ Advisor phone #: \_\_\_\_\_

**Please attach a letter of intent and a resume.**

**Please send internship applications to:**

Alexandra Nicholis anicholis@massillonmuseum.org

Massillon Museum 121 Lincoln Way East, Massillon, Ohio 44646

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