

**THE JIMMY CARTER LIBRARY
INTERNSHIP APPLICATION**

NAME: _____ DATE OF BIRTH: Month _____ Day _____

HOME ADDRESS: _____
street city state zip

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

IN CASE OF AN EMERGENCY, PLEASE NOTIFY: _____ PHONE _____

IF EMPLOYED, PLEASE GIVE:
EMPLOYER NAME: _____ JOB TITLE: _____

BUSINESS PHONE: _____ ext. _____ May we call you at work? Y _____ N _____

IF AVAILABLE, PLEASE GIVE E-MAIL ADDRESS _____ FAX # _____

I AM INTERESTED IN AN INTERNSHIP FOR THE FOLLOWING DATES:

EDUCATION

SCHOOL/COLLEGE PRESENTLY ATTENDING: _____

GRADE/FRESHMAN, SOPH., JR., SR. _____ UNDERGRAD or GRADUATE PROGRAM (circle)

IF YOU PREFER MAIL TO BE SENT TO A SCHOOL ADDRESS, PLEASE GIVE ADDRESS: _____

PHONE # WHERE YOU CAN BE REACHED AT SCHOOL: _____

PAST EDUCATION:

HIGH SCHOOL ATTENDED: _____

COLLEGE ATTENDED: _____ MAJOR _____

PERSONAL STATEMENTS:

1. How did you hear about our Intern Program? _____

2. Why are you interested in an Internship at the Jimmy Carter Library? _____

Other comments you would like to make: _____
