THE JIMMY CARTER PRESIDENTIAL LIBRARY & MUSEUM
INTERN/ 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**

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: _____

_____

VOLUNTEER EXPERIENCE OR PREVIOUS INTERNSHIPS

List past and/or present commitments.

1. **Organization:** _____
   Address: _____
   street city state zip
   Phone #_____ **Direct Supervisor**_____
   Position:_____ **Dates:**_____
   Main Responsibilities:_____
   I liked the following things about this experience: _____
   _____
   _____
   I disliked or was uncomfortable with:_____
   _____
   _____

2. **Organization:** _____
   Address:_____
   street city state zip
   Phone #_____ **Direct Supervisor**_____
   Position:_____ **Dates:**_____
   Main Responsibilities:_____
   I liked the following things about this experience: _____
   _____
   _____
   I disliked or was uncomfortable with:_____
   _____
   _____

PLEASE LIST COMPUTER SKILLS LEVEL/PROGRAMS YOU ARE FAMILIAR WITH:

_____
_____

REFERENCES

Name_____ **Relationship**_____ **Phone**_____

Name_____ **Relationship**_____ **Phone**_____

PLEASE RETURN APPLICATION TO: billy.glasco@nara.gov **or mail to: Billy Glasco, Jr., Supervisory Archivist, Jimmy Carter Presidential Library & Museum, 441 Freedom Parkway Atlanta, Ga 30307**

_____ _____
Signature **Date**