



INTERNSHIP APPLICATION

Contact Information

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work: _____
 Email: _____

Why are you interested in interning at HHS?

Describe any outside interests or skills you could bring to your internship:

Check the internship you are interested in applying for:

- Archaeology Communications
 Archives Grant Research
 Collections Programming & Education

Please indicate the days and times you are available:

	MON	TUES	WED	THURS	FRI	SAT	SUN
AM							
PM							

Will you be completing this internship for credit from your college or university and if so, how many credits? _____

How many hours do you intend to complete? _____

Are there any physical limitations that should be considered? (If so, please explain)

Emergency Contact Information

Name: _____ Phone: _____

Background Information

Education (school, degree, major/concentration, year):

Personal Experience:

Volunteer Experience:

References – Names and Contact Information

1. _____
2. _____

Thank you for your interest in Historic Huguenot Street. If you have any questions, please e-mail Kara Augustine at kara@huguenotstreet.org OR call at (845) 255-1660 ext. 108.