



**Aurora Fossil Museum Foundation, Inc.**

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**INTERNSHIP APPLICATION**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME/WORK/CELL PHONE: \_\_\_\_\_

Please list desired times of availability

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM							
PM							

Please rank your preference (1 most desired; 4 least desired)

\_\_\_\_\_ Education    \_\_\_\_\_ Technology    \_\_\_\_\_ Museum Collections    \_\_\_\_\_ Retail

PLEASE LIST ANY ADDITIONAL INFORMATION THAT DESCRIBES YOUR QUALIFICATIONS OR WORK EXPERIENCE:

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

Is this internship for school credit, or for personal benefit? \_\_\_\_\_

If for school credit: School Name: \_\_\_\_\_ # of hours needed: \_\_\_\_\_ Date needed: \_\_\_\_\_

School contact name and telephone number: \_\_\_\_\_

**REFERENCES**

	Name	Occupation	Phone #	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Internal Use

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Department Assigned: \_\_\_\_\_ Date: \_\_\_\_\_