

Application for Internship



Name: _____

School: _____

Major: _____

If you are applying for a summer internship, you must circle the grade level you have most recently completed. If you are applying for a spring or fall internship, you must circle the grade level in which you will be enrolled during your internship.

Freshman

Sophomore

Junior

Senior

Recent Graduate

Graduate Student

School Address: _____

City _____ State _____ Zip _____

Telephone: (_____) _____

Home Address: _____

City _____ ST _____ Zip _____

Telephone: (_____) _____

Cell Phone: (_____) _____

E-Mail Address: _____

When would you like to intern? (Circle One)

Spring

Summer

Fall

Other _____

Dates: Start: _____ End: _____

How many hours are you able to commit to the internship per week? _____

Please mark the days and times you are available:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

In which area would you be interested in completing an internship:

Early Childhood Education

Elementary Education

Marketing

Event Planning

Museum Education

Occupational Therapy

Museum Studies

Other (please explain) _____

Will your internship count for college credit? YES NO

Mail or email completed application to:

Mid-Michigan Children's Museum
Play Educator
P.O. Box 2283
Saginaw, MI 48605-2283
Ph: (989) 399-6626
Fax: (989) 399-0431
playeducator@michildrensmuseum.com

