



ANNISTON MUSEUMS
and GARDENS

INTERNSHIP APPLICATION

Preferred location: ___ Anniston Museum of Natural History ___ Berman Museum

Contact Information:

Name: _____ DOB: _____

Address: _____

Phone: _____ E-mail: _____

Availability: Most internship hours take place Monday – Friday between 9 a.m. and 4:30 p.m. Write in all hours that apply to your desired schedule.

	Monday	Tuesday	Wednesday	Thursday	Friday
9 a.m. – 4:30 p.m.					

School: _____ Program of Study: _____

Intern Professor: _____ Phone: _____

Internship Hours Required: _____

Please list any physical limitations that should be considered: (some positions require walking, stooping, and lifting)

Professional references:

Name	Phone
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1. _____

2. _____

Authorization

By submitting this form I certify that the facts in this application are true, correct, and complete to the best of my knowledge. I understand that I will receive training and supervision from the Anniston Museums and Gardens staff and must abide by the standards and policies of the institution. To perform due diligence in protecting the well-being and safety of those we serve, AM&G reserves the right to perform background checks on any applicant.

Signature

Date