

Amelia Earhart Birthplace Museum

Internship Application Form

Name: _____

Date of Birth: __/__/_____

Address: _____

Telephone: _____ Email: _____

School Affiliation: _____ Degree: _____

Area of Study: _____ Is this for credit? yes no

Supervisor (if applicable): _____

Emergency Contact: _____

What are your interests?
(check all that apply)

Archives Education Giving tours

Other: _____

What is your availability and how long are you wanting this internship to last?

During your time at the AEBM, what do you hope to accomplish or learn? Please, explain:

Why did you choose the AEBM?

How did you learn about us?

Do you have any special skills, certifications, etc. that you feel would benefit the museum?