PERSONAL INFORMATION

Last name                                   First name                                   Middle initial

Current Address                             City                                      State                                      Zip

(              ) – (              )                        Telephone number – Alternate telephone number

Email address

Are you less than 18 years old?            no          yes: Parental Consent section must be signed.        yes          no

If accepted as an intern, will you have local housing and transportation arrangements?

INTERNSHIP DESIRED

Type of Internship                        □ paid only (stipend)                        □ unpaid only                        □ paid or unpaid

Dates Available:                          Start Date                                      End Date

Days Available:                           □ Monday                        □ Tuesday                        □ Wednesday                        □ Thursday                        □ Friday                        □ Saturday                        □ Sunday

Hours Available per Day:

Will you receive school or college credit for this internship?            □ no          □ yes: Advisor's Name

EDUCATION

Type of Institution                        Name and Location of School                        Course of Study                        No. of Years Completed                        Degree, Diploma or Certificate Received

Graduate

College

High

Other

STATEMENT OF PURPOSE

Please attach a one-page statement of purpose that describes (1) your career goals and how the internship relates to these plans, (2) what you hope to contribute to and gain from the internship experience, and (3) your experience, skills, training and/or qualifications that you think will help you to succeed in the internship.

TRANSCRIPTS

Please include a copy of your college transcripts and verification of any other relevant educational training or certifications.

WORK HISTORY: Please give an accurate listing of paid or unpaid work you have done, including part-time or summer work.
REFERENCES: At least 2 letters of recommendation are required.

Please provide letters of recommendation from 2-3 professional references who have direct knowledge of your background and abilities, including at least one teacher/professor. The letters of recommendation should include (1) how long the reference has known you and in what capacity, (2) identification of your strengths in regards to the internship, (3) special qualities and/or abilities you offer the program and/or department, (4) what you will potentially gain from the internship program, and (5) why the reference believes you are a strong candidate for the internship.

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<th>Reference Name</th>
<th>Recommendation attached</th>
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NOWLEDGEMENT

I understand that any offer of internship will be predicated upon the truthfulness of the written statements contained within this application and the written and verbal statements made during the application process. I understand that should the Museum find that any statement I have made is not truthful, any offer of internship extended to me may be withdrawn and, if commenced, I may be subject to termination. Further, I acknowledge that the internship is an educational, academic experience, and that acceptance of an internship is not an offer of employment, or a guarantee of future employment. In consideration of my internship, I agree to conform to the Museum's Code of Ethics, and policies and procedures.

Applicant Signature

Date

Printed Name
We are delighted that your child has decided to apply for an internship at the Georgia O'Keeffe Museum. In signing this form, you grant permission for ____________________________________________, whose birthday is ____/____/____, to participate fully in the Museum internship if selected and on the terms outlined below:

1. You agree that communication regarding the internship should be between the Museum staff and your child.

2. You agree that the Museum will own any work product or other material created or developed by your child in the scope of his or her intern duties, including all copyright or other intellectual property rights as a work made for hire under United States copyright law.

3. You understand that your child’s acceptance into the internship is an educational, academic experience, and not employment, and that your child will not be entitled to any benefits or compensation available to Museum employees, or to future employment with the Museum.

4. If a medical emergency arises, the Museum will attempt to contact you or the alternative contact you have designated below. However, if the Museum is unable to contact you immediately, you authorize the Museum or its employees or agents to request and authorize, at your expense, emergency medical treatment.

5. You understand that your child may be photographed, videotaped or otherwise documented while interning, and you agree that the Museum may use any such images or recordings for any educational, promotional, archival, or any other standard museum purpose in any media whatsoever.

Agreed to by:

Signature of Parent or Guardian _________________________________ Date ________________

Print Name of Parent or Guardian _________________________________

Address ______________________________________________________

Phone ______________________ Alternate Phone __________________ E-mail ______________________

Alternative Contact in Case of Emergency ____________________________ Relationship to Child ____________________________

Phone ______________________ Alternate Phone __________________