

Diversity Internship Application

Name		
Permanent address		
City	State	Zip
Daytime phone	Evenin	g phone
Email		
Emergency contact		
Relationship	Phone (day)	
Name of school currently at	tending	
Year in school □ Freshman	☐ Sophomore ☐ Junior	□ Senior □ Graduate-level
When are you available to d	complete this internship	9?
For undergraduate/ gradu	ate students:	
Academic-year address (if o	•	
Student status Full-time		
Major(s)		
Do you plan to receive cred	it for this internship? \Box	Yes □ No
For all students:		
How did you find out about Program?	Virginia Museum of Na	tural History Diversity Internship
What are your areas of inte	rest in museum work?	

Why do you think you should be accepted for this internship program and what do you hope to gain from this experience?
Do you have any special interests, hobbies, or skills?
Please provide any additional information you wish to be considered while selecting a candidate for this internship.
Applicant Signature Date

In addition to this completed application, internship candidates must submit:

- A current college/ high school transcript (this does not need to be official)
- A cover letter
- Your resume
- At least one letter of recommendation from teacher/ faculty sponsors
- Application deadline: April 21st

Note that selected candidates must complete a background check.

Completed application packets may be emailed to:

Lynette Perkins, Human Resource Manager 21 Starling Ave., Martinsville, VA 24112 | 276-634-4158 email: lynette.perkins@vmnh.virginia.gov