THE JIMMY CARTER PRESIDENTIAL LIBRARY & MUSEUM
INTERN/ APPLICATION

NAME:_____ DATE OF BIRTH: Month_____ Day_____

HOME ADDRESS:_____
              street   **city**   **state**   **zip**

           HOME PHONE:_____ CELL PHONE:_____

EMAIL ADDRESS:_____ _

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:_____ PHONE_____

IF EMPLOYED, PLEASE GIVE:
EMPLOYER NAME:_____ JOB TITLE:_____

BUSINESS PHONE:_____ ext._____ May we call you at work? Y_____ N_____

IF AVAILABLE, PLEASE GIVE E-MAIL ADDRESS_____ FAX #_____

I AM INTERESTED IN AN INTERNSHIP FOR THE FOLLOWING DATES:
_____

EDUCATION

SCHOOL/COLLEGE PRESENTLY ATTENDING: _____

GRADE/FRESHMAN, SOPH., JR., SR._____ UNDERGRAD or GRADUATE PROGRAM

IF YOU PREFER MAIL TO BE SENT TO A SCHOOL ADDRESS, PLEASE GIVE ADDRESS: _____
_____

PHONE # WHERE YOU CAN BE REACHED AT SCHOOL: _____

PAST EDUCATION:

HIGH SCHOOL ATTENDED:_____

COLLEGE ATTENDED:_____ MAJOR_____

PERSONAL STATEMENTS:

1. **How did you hear about our Intern Program?** _____
_____
_____

2. **Why are you interested in an Internship at the Jimmy Carter Library?** _____
_____
_____

Other comments you would like to make: _____
_____
_____

VOLUNTEER EXPERIENCE OR PREVIOUS INTERNSHIPS

List past and/or present commitments.

1. **Organization:** _____
    Address: _____
               street   **city**   **state**   **zip**
    Phone #_____**Direct Supervisor**_____
    Position:_____**Dates:**_____
    Main Responsibilities:_____
    I liked the following things about this experience: _____
    _____
    _____
    I disliked or was uncomfortable with:_____
    _____
    _____

2. **Organization:** _____
    Address:_____
               street   **city**   **state**   **zip**
    Phone #_____**Direct Supervisor**_____
    Position:_____**Dates:**_____
    Main Responsibilities:_____
    I liked the following things about this experience: _____
    _____
    _____
    I disliked or was uncomfortable with:_____
    _____
    _____

PLEASE LIST COMPUTER SKILLS LEVEL/PROGRAMS YOU ARE FAMILIAR WITH:

_____
_____

REFERENCES

Name_____**Relationship**_____**Phone**_____

Name_____**Relationship**_____**Phone**_____

PLEASE RETURN APPLICATION TO: **christopher.geissler@nara.gov** **or mail to: Christopher Geissler, Supervisory Archivist, Jimmy Carter Presidential Library & Museum, 441 Freedom Parkway Atlanta, Ga 30307**

_____   _____
              Signature   **Date**