DAR MUSEUM
INTERNSHIP APPLICATION FORM

Name ______________________________________________________________________
Last    First     M.I.

Address ___________________________________________________________________
___________________________________________________________________

Phone _____________________________

Email ______________________________

Type of internship interested in (check all that apply):
  o Education/Public Programs  o Collections Management
  o Curatorial/Research  o Other (specify)________________________________

Academic status
  o Junior (major: ________________________________)
  o Senior (major: ________________________________)
  o Graduate student (Degree program: ________________________________)

Will you be receiving credit for this internship? o Yes  o No

Academic institution __________________________________________

Dates available ____________________________________________________

Are you interested in working:  o Part time  o Full time (at least 30 hours per week)

How did you hear about the DAR Museum's Internship Program? ________________

Please send completed form along with a cover letter and current resume to:
Internship Program
DAR Museum
1776 D Street, NW
Washington, DC  20006-5392
Fax: (202) 628-0820

Applications may also be emailed as a Word attachment to museum@dar.org
Questions? Please call (202) 879-3341.