



**DAR MUSEUM
INTERNSHIP APPLICATION FORM**

Name _____
Last First M.I.

Address _____

Phone _____

Email _____

Type of internship interested in (check all that apply):

- Education/Public Programs Collections Management
- Curatorial/Research Other (specify) _____

Academic status

- Junior (major: _____)
- Senior (major: _____)
- Graduate student (Degree program: _____)

Will you be receiving credit for this internship? Yes No

Academic institution _____

Dates available _____

Are you interested in working: Part time 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.**