



# ALLENTOWN ART MUSEUM

## Internship Application

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

College/University: \_\_\_\_\_ Graduating Year: \_\_\_\_\_

Major: \_\_\_\_\_  
Minor if applicable

### Availability:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_ Weekend: \_\_\_\_\_

Area of Interest (Please rate your top 3 departments you would like to work with by writing "1", "2", or "3" next to the department, with 1 being MOST interested)

\_\_Curatorial

\_\_Education

\_\_Collection Management

\_\_Development

\_\_Marketing

\_\_Executive Administration