Internship Application

PERSONA	L INFORM	ATION					
Name:							
Last			First			Midd	le Initial
Address:							
	Street Add	ress		City	State	Zip	
Phone: (_) Day (for init	tial contact)			ening		_
Email Addres	S			Dat	te of Birth		_
EDUCATIO							
College Graduate S Other spec	gh School 1 2 3 4 School:						
INTEREST							
Please spe	cify internsl	nip term:	□ Spring □	Summer	□ Fall	□ Winter	□ Other
Will you ha	ve a minim	um number	of hours to c	omplete?	□Yes□	No How m	any?
		nd times yo	ou will be ava				
Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Please indi	cate the are	ea(s) in whi	ch you are in	terested in	completi	ng an interr	nship:
Gra	ion: unteer Mana nt Writing unteer Mana keting / Soo	agement	Progra	ams: _ Education _ Collection _ Education _ General (n Care nal Progr Collection	าร	

MISCELLAN	IOUS INFOR	RMATION		
		seum experience? nuseums and responsibil		
Do you have If yes, please	•	nowledge and skills?	Yes □ No	
References:	Name	Relationship	Day Phone	Evening Phone
	Name	Relationship	Day Phone	Evening Phone
	/ any Grissor e specify:	n Air Museum employee	s or volunteers?	□ Yes □ No
Signature				ate

PLEASE SEND COMPLETED APPLICATIONS TO:

Grissom Air Museum 1000 West Hoosier Blvd. Peru, IN 46970 or

via Email: director@grissomairmuseum.com



Office Use Only							
Date received:	Interview date:	Training date:					