



# LOUISIANA CHILDREN'S MUSEUM INTERNSHIP APPLICATION

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Major:** \_\_\_\_\_ **Minor:** \_\_\_\_\_

**Internship Interest Area:** \_\_\_\_\_

**Sponsoring Professor:** \_\_\_\_\_

**How to Contact:** \_\_\_\_\_

**Internship Requirements:(Hours, Tasks, Projects)** \_\_\_\_\_

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**Relevant Experience:**  
**Employment:** \_\_\_\_\_

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**Volunteer:** \_\_\_\_\_

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**Other:** \_\_\_\_\_

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**Why do you want to work with the Louisiana Children's Museum?** \_\_\_\_\_

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**Availability:** \_\_\_\_\_

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**Please list two references that we may contact:**

	<b>Name</b>	<b>Relationship</b>	<b>Phone</b>
1.	_____	_____	_____
2.	_____	_____	_____

**Please submit application with resume to:**

**Simonne Robinson  
Operations and Human Resources Director  
Louisiana Children's Museum  
420 Julia St.  
New Orleans, LA 70130  
(504) 586-0725 ext. 204  
Fax: (504) 529-3666**