## THE NATIONAL ARCHIVES SOUTHEAST REGION

## INTERN APPLICATION

NAME:	DATE OF BIRTH: Month_	DayYear	
HOME ADDRESS:			
street	city	state	zip
HOME PHONE:	CELL PHONE		
EMAIL ADDRESS(ES)			
IN CASE OF AN EMERGENCY, PLEASE NOT	IFY:	PHONE	
IF EMPLOYED, PLEASE GIVE: EMPLOYER NAME:	JOB TITLE:_		
BUSINESS PHONE:	ext May we call you a	at work? YN_	
IF AVAILABLE, PLEASE GIVE E-MAIL ADDI	RESS	FAX #_	
I AM INTERESTED IN AN INTERNSHIP FOR	THE FOLLOWING DATES:		
EDUCATION:			
SCHOOL/COLLEGE PRESENTLY ATTENDIN	NG:		
GRADE/FRESHMAN, SOPH., JR., SR.	UNDERGRAD or GRA	ADUATE PROGRAM	(circle)
IF YOU PREFER MAIL TO BE SENT TO A SC	HOOL ADDRESS, PLEASE GIVE A	DDRESS:	
PHONE # WHERE YOU CAN BE REACHED A	T SCHOOL:		
HIGH SCHOOL ATTENDED:			
COLLEGE ATTENDED:			
PERSONAL STATEMENTS:			
1. How did you hear about our Intern Program	?		
2. Why are you interested in an internship with	the National Archives Southeast Reg	ion	
3. Other comments you would like to make:			
-			

## INTERN APPLICATION, PAGE 2

Signature

## **VOLUNTEER EXPERIENCE OR PREVIOUS INTERNSHIPS**

Position: Main Responsibiliti	Direct Supervisor Dates:		state	zip
Position: Main Responsibiliti	Dates: es:			
Main Responsibiliti	es:			
-				
	timigs about this experience			
Organization:				
street		city	state	zip
	Direct Supervisor_			
Position:	Dates:			
	es:			
	PUTER SKILLS LEVEL/PROGRAMS Y	OU AR	E FAMILIAR W	VITH:
REFERENCES	PUTER SKILLS LEVEL/PROGRAMS Y			

Date