

**THE JIMMY CARTER LIBRARY  
INTERN APPLICATION  
ARCHIVES/AUDIOVISUAL AIDE**

NAME: \_\_\_\_\_ DATE OF BIRTH: Month \_\_\_\_\_ Day \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
street city state zip

HOME PHONE: \_\_\_\_\_ SPOUSE'S NAME \_\_\_\_\_

IN CASE OF AN EMERGENCY, PLEASE NOTIFY: \_\_\_\_\_ PHONE \_\_\_\_\_

IF EMPLOYED, PLEASE GIVE:  
EMPLOYER NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ ext. \_\_\_\_\_ May we call you at work? Y \_\_\_\_\_ N \_\_\_\_\_

IF AVAILABLE, PLEASE GIVE E-MAIL ADDRESS \_\_\_\_\_ FAX # \_\_\_\_\_

I AM INTERESTED IN AN INTERNSHIP FOR THE FOLLOWING DATES: \_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

SCHOOL/COLLEGE PRESENTLY ATTENDING: \_\_\_\_\_

GRADE/FRESHMAN, SOPH., JR., SR. \_\_\_\_\_ UNDERGRAD or GRADUATE PROGRAM (circle)

IF YOU PREFER MAIL TO BE SENT TO A SCHOOL ADDRESS, PLEASE GIVE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE # WHERE YOU CAN BE REACHED AT SCHOOL: \_\_\_\_\_

HIGH SCHOOL ATTENDED: \_\_\_\_\_

COLLEGE ATTENDED: \_\_\_\_\_ MAJOR \_\_\_\_\_

**PERSONAL STATEMENTS:**

1. How did you hear about our Intern Program? \_\_\_\_\_  
\_\_\_\_\_

2. Why are you interested in an internship with the Jimmy Carter Library? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Other comments you would like to make: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**VOLUNTEER EXPERIENCE OR PREVIOUS INTERNSHIPS**

List past and/or present commitments.

1. Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
                                street  city  state  zip  
Phone # \_\_\_\_\_ Direct Supervisor \_\_\_\_\_  
Position: \_\_\_\_\_ Dates: \_\_\_\_\_  
Main Responsibilities: \_\_\_\_\_  
I liked the following things about this experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
I disliked or was uncomfortable with: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
                                street  city  state  zip  
Phone # \_\_\_\_\_ Direct Supervisor \_\_\_\_\_  
Position: \_\_\_\_\_ Dates: \_\_\_\_\_  
Main Responsibilities: \_\_\_\_\_  
I liked the following things about this experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
I disliked or was uncomfortable with: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST COMPUTER SKILLS LEVEL/PROGRAMS YOU ARE FAMILIAR WITH:  
\_\_\_\_\_  
\_\_\_\_\_

REFERENCES

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

PLEASE RETURN THIS APPLICATION ALONG WITH A RESUME TO:  
Sara Saunders  
Supervisory Archivist  
Jimmy Carter Library  
441 Freedom Parkway  
Atlanta, GA 30307

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date