



**Education Summer Internship  
Application Form**

**Please complete the internship application and attach your resume.**

Please return to the Director of Education  
Lyman Allyn Art Museum  
625 Williams Street  
New London, CT 06320  
(860) 443-2545 x 2110  
[healy@lymanallyn.org](mailto:healy@lymanallyn.org)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Ms./Mr./Mrs. First Last

\_\_\_\_\_  
Address Apt.

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home Phone Cell Phone Work Phone

\_\_\_\_\_  
Email

**Emergency Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

**Personal Information**

Allergies to food or medicine: \_\_\_\_\_

Health Requirements: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_

College: \_\_\_\_\_

Major/Minor/Concentration: \_\_\_\_\_

Current GPA: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

**Employment History** Paid  Un-Paid

Please list your most recent employer and indicate additional employment on your resume.

\_\_\_\_\_  
Company Name (\_\_\_\_\_) Telephone \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Name of Supervisor Dates Employed

\_\_\_\_\_  
Your title/job description

**Availability**

Please list below the day(s) and times you may be available. Please note interns must be available on the five Mondays of camp from 8:00am-1:30pm.

<b>Tuesday</b> __ to __	<b>Wednesday</b> __ to __	<b>Thursday</b> __ to __	<b>Friday</b> __ to __	<b>Saturday</b> __ to __	<b>Sunday</b> __ to __
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**Skills/Experience**

Please provide a list of your skills, talents, interests and / or expertise that you think may be helpful during your internship.

Skills/Expertise	Interests/ Talents
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Other Languages Spoken: \_\_\_\_\_

Are you certified by the American Red Cross in Adult/Pediatric First Aid/CPR/AED? \_\_\_\_\_

If not, would you be willing to take classes, at your own expense, to become certified? \_\_\_\_\_

**Additional Questions**

What would you like to learn from your internship experience?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the LAAM's internship program?

\_\_\_\_\_

**\*\*Accuracy of Information\*\***

I, \_\_\_\_\_ certify that the information provided on this application is truthful and accurate.  
Applicant Signature

**\*Office Use Only:** Accepted  Yes  No

/ /

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Interviewed by (Initial)

Interview Date

Referred To

Volunteer Placement

Start Date