



APPLICATION FOR INTERNSHIP

TODAY'S DATE: _____

Personal Information		
Last Name	First Name	M.I.
Street Address		Apartment
City	State	Zip
Age (If under 18)	Email Address	Phone

How did you initially learn about ICP's Internship Program (check all that apply)?					
ICP Website	<input type="checkbox"/>	Friend/Colleague/Relative	<input type="checkbox"/>	ICP Instructor/Staff Member	<input type="checkbox"/>
Visited the Museum	<input type="checkbox"/>	Attended an ICP class	<input type="checkbox"/>	Instructor -- non-ICP	<input type="checkbox"/>
ICP Brochure	<input type="checkbox"/>	Other (please describe)			

Internship Preference					
For a complete description of the internships currently available visit ICP's website at www.icp.org . If you wish to apply to only one specific internship, indicate it here: Otherwise, check off all departments in which you would be interested in interning.					
Library	<input type="checkbox"/>	Education	<input type="checkbox"/>	Museum Store	<input type="checkbox"/>
Communications	<input type="checkbox"/>	Exhibitions	<input type="checkbox"/>	Human Resources	<input type="checkbox"/>
Finance	<input type="checkbox"/>	Collections	<input type="checkbox"/>	Community Programs	<input type="checkbox"/>
Development	<input type="checkbox"/>	Membership	<input type="checkbox"/>	Publications	<input type="checkbox"/>
Information Technology (I.T.)	<input type="checkbox"/>	Visitor Services	<input type="checkbox"/>	Museum Registration	<input type="checkbox"/>
Other (please indicate)	<input type="checkbox"/>				

Education		
Current: Name of Institution	Degree/Course of Study	
Number of Credits Completed to Date	Anticipated Graduation Date	Grade Point Average (GPA)
Previous: Name of Institution	Degree/Course of Study	
Number of Credits Completed	Graduation Date	Grade Point Average (GPA)

Special Skills & Talents

List any special skills or abilities (e.g. photography, languages, computer, office machines, typing, etc.)

Availability

Dates Available to Participate in Internship Program (month/day/year):

Number of hours per week desired:

From: __ __ / __ __ / __ __ to __ __ / __ __ / __ __

Fill in the chart below indicating your availability each day:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Employment/Volunteer History (start with most recent)

Company Name:		Address:			
Position Title:	Employed From: (month/day/year) / /	Employed To: (month/day/year) / /	Reason for leaving:		
Briefly describe responsibilities:					
Supervisor's Name:	Phone Number:	May we contact this person as a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Company Name:		Address:			
Position Title:	Employed From: (month/day/year) / /	Employed To: (month/day/year) / /	Reason for leaving:		
Briefly describe responsibilities:					
Supervisor's Name:	Phone Number:	May we contact this person as a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Company Name:		Address:			
Position Title:	Employed From: (month/day/year) / /	Employed To: (month/day/year) / /	Reason for leaving:		
Briefly describe responsibilities:					
Supervisor's Name:	Phone Number:	May we contact this person as a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			

References

List three references we may contact if not already included above (no relatives please):

1. Name:

Company:

Title:

Phone/Email:

Relationship to You:

2. Name:

Company:

Title:

Phone/Email:

Relationship to You:

3. Name:

Company:

Title:

Phone/Email:

Relationship to You:

Personal Statement

In addition to the completed Internship Application Form, we request all applicants to provide us with a short (approximately 500 words) personal statement addressing the following: Why are you interested in an internship with the International Center of Photography, and how does it fit with your future plans?

(Note: You may be requested to submit additional information, based on the specific internship for which you are applying)

By submitting this application you are confirming that the information in it is complete, correct and true. Any misstatement or omission of fact on this application may result in your removal from ICP's Internship Program.

Send a copy of your current résumé and the completed application to:
Internship Coordinator
International Center of Photography
1114 Avenue of the Americas at 43rd Street
New York, NY 10036
Fax: (212) 857-0089
Email: Jobs@ICP.org

The International Center of Photography is committed to Equal Opportunity Employment.