

Coggeshall Farm Museum

Education Department

Junior Internship Program Application

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Date of Birth _____ Age _____

Email _____ School _____

Session(s) Applying for: Spring Summer 1 Summer 2 Fall

(If more than one, please label your first choice).

Please describe why you are interested in interning at Coggeshall Farm
Museum:

Please describe your favorite museum experience (it can be any museum):

Please describe your favorite history project or research you've done (for school or personally).

Please describe any experience you had that has helped you feel more comfortable public speaking or working with the community.

Please describe your special interests and hobbies.

What are you hoping to get out of an internship with Coggeshall Farm Museum?

Please check an "i" next to anything that you are interested in. Place an E next to anything you have experience in.

- | | | |
|--|--|---|
| <input type="checkbox"/> Musical instruments | <input type="checkbox"/> Quilting | <input type="checkbox"/> Rhode Island History |
| <input type="checkbox"/> Sewing | <input type="checkbox"/> Woodworking | <input type="checkbox"/> 18th Century History |
| <input type="checkbox"/> Knitting | <input type="checkbox"/> Blacksmithing | <input type="checkbox"/> Wildlife Education |
| <input type="checkbox"/> Weaving | <input type="checkbox"/> Spinning wool | <input type="checkbox"/> Working w/ Children |
| <input type="checkbox"/> Horticulture (plants) | <input type="checkbox"/> Teaching | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Agriculture (Farming) | <input type="checkbox"/> Cooking | <input type="checkbox"/> Giving Tours |
| <input type="checkbox"/> Working w/ Animals | <input type="checkbox"/> Baking | <input type="checkbox"/> Research |

