

**THE NEW YORK BOTANICAL GARDEN**

VOLUNTEER SERVICES | 718.817.8765 | FAX: 718.817.8977

**INTERN APPLICATION****PLEASE TYPE OR PRINT. ATTACH YOUR RÉSUMÉ AND RETURN:**VIA EMAIL: [VOLUNTEER@NYBG.ORG](mailto:VOLUNTEER@NYBG.ORG)

OR VIA MAIL:

NYBG VOLUNTEER SERVICES

**2900 SOUTHERN BLVD****BRONX, NY 10458**

DATE		
NAME MR./MS./MRS.		
ADDRESS		APT
CITY	STATE	ZIP
HOME PHONE	CELL PHONE	DATE OF BIRTH (FOR DEMOGRAPHIC PURPOSES)
EMAIL (REQUIRED)		ALTERNATE EMAIL

**PLEASE ANSWER ALL QUESTIONS THOROUGHLY. USE ADDITIONAL SHEETS OF PAPER IF NECESSARY.****PLEASE INDICATE THE INTERNSHIP(S) APPLYING FOR (UP TO THREE):**

HOW DID YOU LEARN ABOUT THE INTERNSHIP(S)?

**EDUCATION**

	High School or Equivalency	College or University	Graduate/Post-Graduate/Other
Name			
Current Grade/Level			
Graduation Date			
Concentration/Major			

**ACADEMIC HONORS, SCHOLARSHIPS, OR FELLOWSHIPS****DATE AWARDED**


**FOREIGN LANGUAGES**

(Answer only if relevant to the internship sought.)

<i>Language</i>	<i>Speak</i>	<i>Write</i>	<i>Read/Understand</i>	<i>Translate</i>

**Additional experience or skills relevant to the internship?**


**SCHEDULE AVAILABILITY**

What term/semester are you available (Fall/Spring/Summer)?

Please indicate your preferred start and end dates for the internship.

Please indicate your daily scheduling preference (SAT/SUN scheduling is not available for all internships):

MON	TUE	WED	THU	FRI	SAT	SUN
<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM

**PLEASE PROVIDE TWO REFERENCES**

NAME	RELATIONSHIP	PHONE	EMAIL

**EMERGENCY CONTACT**

NAME	RELATIONSHIP	PHONE

**APPLICANT'S CERTIFICATION**

I certify that the information contained in this application is correct and complete to my knowledge. I authorize investigation of all matters contained in this application and agree that any misleading or false statement would be cause for immediate rejection as an intern applicant or would be sufficient cause for dismissal after acceptance as an intern.

\_\_\_\_\_  
DATE\_\_\_\_\_  
SIGNATURE