

**Cape Cod Museum of Natural History
Internship Application**

Name: _____

College/HS: _____

Major Interest: _____

Academic Year: _____

US Citizen: Y N Availability: _____

(If not a citizen, are you a Permanent Resident: Y N

Mailing Address:

E-Mail Address: _____

Phone: _____

3 References:

Name: _____

Work Phone: _____ Home Phone: _____

E-Mail: _____ Relationship:

Name: _____

Work Phone: _____ Home Phone: _____

E-Mail: _____ Relationship: _____

Name: _____

Work Phone: _____ Home Phone: _____

E-Mail: _____ Relationship: _____

Please submit application along with a resume and cover letter describing your interest in applying for this position. Mail, fax or e-mail back to:

Barbara Knoss

Director: Education & Volunteers

Cape Cod Museum of Natural History

869 Main Street (Rt. 6A)

Fax: (508) 896 8844

Brewster, MA 02631

Phone: (508)896 3867 ext #119

E-Mail: bkness@ccmnh.org