

### MISSION

The mission of TAM is to enhance the region's visual arts experience by exhibiting permanent and rotating art exhibits, encouraging exhibitions of Idaho artists, establishing a permanent collection of contemporary art works, and providing art educational opportunities for the public and artists of all ages and abilities. With its specially designed classroom area, TAM also offers a broad range of 2- and 3- dimensional art classes and workshops for adults and children. Our ARTworks education program is designed to send trained art instructors into classrooms across eastern Idaho with art lessons and all necessary supplies at no cost to the schools.

### GUIDELINES

TAM offers internships in membership and marketing or art education. Interns are required to make a weekly time commitment of at least 6 hours and a minimum of three months as determined by program director. Interns are required to submit the following:

- Letter of interest
- Completed application including contact information
- Resume
- Letters of reference from two persons that can comment on your past experiences and work ethic

Letter of interest should include why you are interested in this position, how you think you will be an asset to TAM, any skills/experiences you would like to acquire, and any other benefits that you expect to derive as an intern.

### APPLICANT INFORMATION PLEASE COMPLETE ALL FIELDS

Full Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_ Phone \_\_\_\_\_

Field of Study \_\_\_\_\_ College or University \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I would like to intern in the following areas (check all that apply)

- Museum Education
- Museum Technician
- Museum Communications & Marketing

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## REFERENCE #1 CONTACT INFORMATION

Full Name \_\_\_\_\_

Title \_\_\_\_\_ Affiliation \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

## REFERENCE #2 CONTACT INFORMATION

Full Name \_\_\_\_\_

Title \_\_\_\_\_ Affiliation \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

*The letter of recommendation from the above contact persons should detail the following information:*

- *The length of time and in what capacity you have known the applicant*
- *Commentary on the applicant's experience (jobs performed/classes/etc)*
- *Assessment of the applicant's abilities including strengths, weaknesses*
- *How you think applicant will benefit if accepted to this program*

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

Send completed form to our Executive Director, Alexa Stanger, at [astanger@theartmuseum.org](mailto:astanger@theartmuseum.org), or return in person to TAM.