

The ART MUSEUM of Eastern Idaho

# INTERNSHIP APPLICATION



## 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.

## INTERNSHIP 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 people (excluding family members) who 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

\_\_\_\_\_  
First Name Last Name

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

\_\_\_\_\_  
Home Telephone Cell/Work Phone Email

\_\_\_\_\_  
Field of Study College or University Degree(s) Completed

\_\_\_\_\_  
Emergency Contact Relationship Telephone

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

- Education
- Membership & Marketing

Applicant name \_\_\_\_\_

**REFERENCE #1 CONTACT INFORMATION**

\_\_\_\_\_  
First Name Last Name

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

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

\_\_\_\_\_  
Telephone Email

\_\_\_\_\_  
Relationship to Applicant

**REFERENCE #2 CONTACT INFORMATION**

\_\_\_\_\_  
First Name Last Name

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

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

\_\_\_\_\_  
Telephone Email

\_\_\_\_\_  
Relationship to Applicant

**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

**Mail to:**  
**The ART MUSEUM of Eastern Idaho**  
**300 S Capital Ave, Idaho Falls, ID 83402**

**Or email to:**  
**Alexa Stanger at [astanger@theartmuseum.org](mailto:astanger@theartmuseum.org)**

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**Applicant Signature**

**Date**