



UNITED STATES  
BOTANIC GARDEN

## High School Internship (Fall)

**POSITION:** Each semester the Garden hosts several student interns. Applicants will only be considered if they can commit to 75 hours. Length of internship is flexible and may be extended to suit the student's interest or course requirements. Internship positions are unpaid.

**PURPOSE:** To assist the Garden in connecting our visitors to our living plant collection. Students will gain environmental science teaching skills and knowledge, with a special emphasis on hands-on learning.

### **DUTIES AND RESPONSIBILITIES:**

- Learn and facilitate educational modules
- Welcome, assist and interact with participating staff, volunteers, interns and Garden visitors
- Maintain educational modules

### **POSITION REQUIREMENTS:**

- Work well with the public
- Comfortable in a teaching environment
- Able to work outdoors
- Flexible and able to work in a fast-paced environment
- Possess excellent communication and interpersonal skills

Offers are contingent upon successful background check.

**HOW TO APPLY:** Please submit an electronic resume and a completed application to Alexandra Torres, [alexandra.torres@aoac.gov](mailto:alexandra.torres@aoac.gov). For early consideration, applications can be submitted by **August 31**. All applications for the fall term are due no later than **September 15**.

# Internship Application

**APPLICANT NAME:** \_\_\_\_\_

**CURRENT GRADE:** \_\_\_\_\_

**PERMANENT ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE NUMBER:** (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**SCHOOL NAME AND ADDRESS:** \_\_\_\_\_

**NAME AND TITLE OF SCHOOL OFFICIAL RESPONSIBLE FOR COORDINATING STUDENT'S SCHEDULE:**

\_\_\_\_\_

**TELEPHONE NUMBER:** (OFFICE) \_\_\_\_\_ (CELL) \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**PLEASE PROVIDE THREE REFERENCES (must be non-relatives):**

- **NAME:** \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

KNOWN HOW LONG: \_\_\_\_\_

- **NAME:** \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

KNOWN HOW LONG: \_\_\_\_\_

- **NAME:** \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

KNOWN HOW LONG: \_\_\_\_\_

**What do you believe you will bring to this program and what do you wish to gain from the experience? (200-500 words)**