



## Intern and Volunteer Placement Form

*Please type or print clearly the following information:*

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(H): \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

Institutional Affiliation (if applicable):

\_\_\_\_\_

Institutional Contact (Intern Coordinator, Professor, etc.):

\_\_\_\_\_

Address, Phone and E-mail of Contact:

\_\_\_\_\_

*If applying for an internship please include one letter of recommendation from your academic institution in a sealed envelope.*

Duration of Internship/Volunteer Time:

From: \_\_\_\_\_ To: \_\_\_\_\_

Total number of Hours: \_\_\_\_\_

Days Available: \_\_\_\_\_

Please provide a summary of any skills you possess that may benefit the Mütter Museum, this can include digital photography, research skills, medical, forensic, anthropological or history of medicine experience, internet research skills, etc.

*On a separate sheet of paper please write an essay of no more than 500 words addressing the following questions.*

Why would you like to intern/volunteer at the Mütter Museum? What do you hope to learn? Do you need to produce a separate project or body of work? If so what? What can the Mütter Museum gain from having you work here?

**For internship opportunities, please complete this form and email to:  
Anna Dhody, Curator Mütter Museum  
[adhody@collegeofphysicians.org](mailto:adhody@collegeofphysicians.org)**

**For volunteer opportunities please complete and email to:  
Marcy Engleman, Mütter Museum Educator  
[volunteer@collegeofphysicians.org](mailto:volunteer@collegeofphysicians.org)**

