



# The College of Physicians of Philadelphia

MÜTTER MUSEUM | HISTORICAL LIBRARY and WOOD INSTITUTE | PHILLY HEALTH INFO  
KOOP COMMUNITY EDUCATION CENTER | BENJAMIN RUSH MEDICINAL PLANT GARDEN

## Intern and Volunteer Placement Form

Please type or print clearly the following information and return to:  
[volunteer@collegeofphysicians.org](mailto:volunteer@collegeofphysicians.org):

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 or College Library, 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 one page addressing the following questions.*

Why would you like to intern/volunteer at the Mütter Museum or College Library? 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 or Library gain from having you work here?