## **BUFFALO BILL CENTER of the WEST INTERNSHIP APPLICATION**

POSITION APPLYING FOR:		DATE:	
Background Information:			
Name:			
Last	First	Middle	
Current Address: PO Box or Street			
City	State	Zip Code	
Phone: Best Time to Call:			
E-mail:	Fax:		
College/University:	Cur	rent Year:	
Major:	Estimated Graduation Date:		
To complete your internship appli include:	cation to the Buffalo Bill C	enter of the West, please	
☐ Cover Letter	Cover Letter		
□ Current Résumé	□ Current Résumé		
□ School Transcripts			
☐ Three (3) letters of recommendation			
☐ Responses to the questions on page 2. Additional sheets may be attached.			
□ For Native American Internship Applicants <b>only</b> :			
A. Please provide the name of the tribe in which you are enrolled:			
b. One (1) of your letters of recommendation <b>must</b> be from an official of the tribe in which you are enrolled.			
The information I am supplying is tru	e and complete to the best o	of my knowledge.	
Applicant's Signature:	Date	e:	

Please return required documents to: Christine Searles, Human Resources Manager Buffalo Bill Center of the West 720 Sheridan Avenue Cody, Wyoming 82414

1. Why are you seeking an Internship with the Buffalo Bill Center of the West? How would it contribute to your educational and professional development? 2. When are you available to participate in an Internship? Please provide specific beginning and ending dates. Internships are usually a minimum of twelve (12) weeks. 3. Describe your academic background and work experience as they relate to your professional goals. 4. If you could pursue a specific project at the Buffalo Bill Center of the West, what would it be? 5. Funding for internships is not always available. Would the lack of a stipend prevent you from considering an internship with the Buffalo Bill Center of the West?