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| InternshipApplicationApplicant’s Name | |  |  | | --- | --- | | Date | Click or tap to enter a date. | | Address | Click or tap here to enter text. | | Phone | Click or tap here to enter text. | | E-mail | Click or tap here to enter text. |  |  |  | | --- | --- | | Academic Information | | | College, University, or High School | Click or tap here to enter text. | | Classification | Choose an item. | | GPA | Click or tap here to enter text. | | Major | Click or tap here to enter text. | | Semester for Internship | Choose an item. | | Number of Hours Needed | Click or tap here to enter text. | | Academic Supervisor | Click or tap here to enter text. | | Daytime Telephone | Click or tap here to enter text. | | Educational Requirements | Click or tap here to enter text. | | Evaluation Criteria |  |   **Weekly Availability**  **Morning**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | M |  | T |  | W |  | Th |  | F |  |   **Afternoon**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | M |  | T |  | W |  | Th |  | F |  |   **Please list skills, qualifications, and areas of interest below:**   |  | | --- | |  | |  | |  | |  | |  | |  |   Thank you for considering the State Archives as a volunteer opportunity. Please return the completed form to Christine Botta at [christine.botta@ncdcr.gov](mailto:christine.botta@ncdcr.gov) |