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| InternshipApplicationApplicant’s Name |

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| 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. |

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| 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**

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**Afternoon**

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**Please list skills, qualifications, and areas of interest below:**

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Thank you for considering the State Archives as a volunteer opportunity. Please return the completed form to Christine Botta at christine.botta@ncdcr.gov |