

Brooklyn Botanic Garden

Horticulture Internship Program Application

Name:

Date:

Mailing Address:

Please include best way to contact you:

Telephone - Home:

Cell:

Work:

Email Address:

Do you have a valid driver's license?

Yes

No

Are you legally eligible for employment in this country? Yes

No

How did you find out about this internship?

Which horticulture internship are you interested in?

Please list all your Horticultural Experiences (educational, horticultural organizations, work, volunteer or personal) and dates:

What are your future horticulture goals?

Why do you want to be a horticulture intern at Brooklyn Botanic Garden?

Please mail or fax this completed application to:

Brooklyn Botanic Garden
1000 Washington Ave.
Brooklyn, NY 11225-1099
Attn: Director of Human Resources
Fax: 718-622-7826