

ASHEVILLE ART MUSEUM

2 South Pack Square | 828.253.3227 | ashevilleart.org
PO Box 1717 | Asheville, NC 28802-1717

Internship Program Reference

Please use the back of this sheet or attach a separate sheet if needed. To complete and submit this reference form online, email a pdf to Julie Levin Caro, Head of Learning & Engagement, at jlevincaro@ashevilleart.org.

Applicant Information

Name _____

Email _____ Phone _____

Internship(s) for which you are applying: _____

Application deadlines: **March 1** (summer) **July 1** (fall semester/academic year) January 1 (spring semester)

Reference Information

Name _____

Title _____ Organization _____

Email _____ Phone _____

How long, and in what capacity, have you known the applicant? _____

Check the box below that best corresponds to your assessment of the applicant's abilities in the following areas.

	Poor	Fair	Good	Very good	Excellent	Not sure
Communicates well verbally and in writing						
Is adaptable/flexible						
Demonstrates a positive attitude						
Is dependable and conscientious						
Works well with others and independently						
Is open and personable						

What is your opinion of the applicant's ability to be a successful intern at the Asheville Art Museum?

What is your overall evaluation of the applicant?

Strongly recommend Recommend Recommend with reservations Do not recommend

Signature _____ Date _____