

# 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, contact Kristi McMillan, director of learning & engagement, at [kmcmillan@ashevilleart.org](mailto:kmcmillan@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) **November 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 \_\_\_\_\_