



BERKSHIRE BOTANICAL GARDEN

Internship Application

Name _____ Date _____

Address _____ Phone _____

City _____ State _____ Zip _____

School _____ Graduation Date _____

Educational experience in horticulture, public gardening, design:

Other related educational experience:

Work experience in horticulture, design, and education:

What do you feel you can offer the Garden?

What would you like to gain from your experience at the Garden?

List the approximate dates you wish to start and end your internship:

From: _____ To: _____

Please list the names and telephone numbers of three references that are familiar with your horticultural or related experience:

1. Name _____
Title _____
Telephone _____
Your relationship to this person _____

2. Name _____
Title _____
Telephone _____
Your relationship to this person _____

3. Name _____
Title _____
Telephone _____
Your relationship to this person _____

Mail completed application the following address:

Berkshire Botanical Garden

Attn: Dorthe Hviid, Director of Horticulture

P.O. Box 826

Stockbridge, MA 01262

Questions? Call (413)-298-4505

or e-mail dhviid@berkshirebotanical.org