



Berkshire Botanical Garden P.O. Box 826 5 West Stockbridge Road Stockbridge, MA 01262 The Trustees of Reservations
P.O. Box 792
5 Prospect Hill Road
Stockbridge, MA 01262

Internship Application

Date	Email					
Name						
Address	Phone					
City	State	Zip				
College (if applicable)	Graduation Date (if applicable)					
Major (if applicable)						
Educational experience in horticulture, public	gardening, design:					
Other related educational experience:						
Work experience in horticulture, design, and e	education:					
What do you feel you can offer the Garden an	d The Trustees?					
What do you feel you can offer the Garden and	d The Trustees?					

WI	hat would you like to gain fron	ı your experience a	at the Garden a	and The Trustees?			
Any other information you would like to share about yourself?							
	ne internship generally runs fro u. If not, please list dates that			August. Please indi	cate if those dates work for		
Fro	om:	To:					
	ease list the names and telepho perience:	ne numbers of thre	ee references w	ho are familiar with	ı your horticultural or related		
1.	Name		_				
	Title		_				
	Telephone		_				
	Our relationship to this person_			-			
2.	Name		_				
	Title		_				
	Telephone		_				
	Our relationship to this person_			-			
3.	Name		_				
	Title		_				
	Telephone		_				
	Our relationship to this person_			_			

Email cover letter, resume, and application to: Eric Ruquist, Director of Horticulture, Berkshire Botanical Garden eruquist@berkshirebotanical.org