



BERKSHIRE BOTANICAL GARDEN

Internship Application

Date _____ Email _____

Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

College _____ Graduation Date _____

Major _____

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?

The internship generally runs from mid-May through start of August. Please indicate if those dates work for you. If not please list the dates that would work for you:

From: _____ To: _____

Please list the names and telephone numbers of three references who 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 to the following address:

Berkshire Botanical Garden
Attn: Dorthe Hviid, Director of Horticulture
P.O. Box 826
Stockbridge, MA 01262

Questions call (413)-298-4505
Email: dhviid@berkshirebotanical.org