



Intern/Apprentice Application

OFFICE USE ONLY - PLEASE DO NOT WRITE IN THIS BOX			
POSITION	RECEIVED	INTERVIEWED	APPROVED
<input type="checkbox"/> Apprenticeship <input type="checkbox"/> Internship	DATE: ____ / ____ / ____.	DATE: ____ / ____ / ____. BY: _____.	<input type="checkbox"/> YES <input type="checkbox"/> NO

APPLICATION DATE: ____ / ____ / ____.

AREAS OF INTEREST Please check the area you are most interested in:

- Theatre In Education (Outreach)
 Arts Administration
 Production
 Theatre Academy

PERSONAL INFORMATION

Full Name: _____ Date of Birth: ____ / ____ / ____ Age: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Email: _____ Phone #1: _____ Phone #2: _____

EDUCATION

High School: _____

College: _____ Degree: _____

Graduate College: _____ Degree: _____

EMPLOYMENT Provide information regarding your current or most recent employer, if applicable.

Company/Employer: _____ Phone: _____

Start Date: _____ End Date: _____ Position/Title: _____

Address: _____ City: _____ State: ____ Zip Code: _____

REFERENCES Please list 2 people, not related to you, who can attest to your character, skills and dependability.

1. Name: _____ Organization: _____

Relationship to you: _____ Length Known: _____ Phone: _____

2. Name: _____ Organization: _____

Relationship to you: _____ Length Known: _____ Phone: _____

EXTRA INFORMATION

List any special training, skills or hobbies:

List any groups, clubs or organizational memberships:

Describe your prior experience working with children:

What experiences have prepared you to work as an intern in the field of theatre:

What do you want to gain from this internship experience?

CONSENT Please read the following statements before signing this application:

For applicants under 18 years of age, a parent or legal guardian must sign below to verify that all information provided is correct, and that their child is able to fulfill the necessary duties and time commitment.

- ★ I understand that this is an application for and not a commitment or promise of opportunity.
- ★ I certify that the information I have provided on this application is true, correct and complete to the best of my knowledge.
- ★ I certify that I have not, and will not, withhold any information that would unfavorably affect my application for this position.
- ★ I understand that Tricycle Theatre for Youth will verify information contained on my application and that any misrepresentations or omissions may be reason for my immediate rejection as an applicant or my termination as an intern at Tricycle Theatre for Youth.

Applicant Signature: _____ .Date: ____ / ____ / ____ .

Parent/Guardian Signature: _____ .Date: ____ / ____ / ____ .

Relationship to Applicant: _____ .Phone #: ____ - ____ - ____ .