

Intern Application Form

2010 - 2011 Season



TheatreSquared

Contact Information

Name: _____

Birth date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

E-mail address: _____

Name of High School/College: _____ Graduation Year: _____

Will you be doing this internship for school credit? Yes No

Will you be using this internship for Work Study credit? Yes No

TheatreSquared is currently accepting applications for the following internships. Please check any areas that you are most interested in. While TheatreSquared interns are involved in all aspects of the theatre, we try to give special focus to those areas you are most interested.

- | | |
|---|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Artistic (costume/prop/scenic/etc) |
| <input type="checkbox"/> Marketing & Audience Development | <input type="checkbox"/> Stage Management |
| <input type="checkbox"/> Education | <input type="checkbox"/> Box Office & Front of House |
| <input type="checkbox"/> Fundraising & Special Events | <input type="checkbox"/> Community Programs |

Please indicate the hours of each day that you would generally be available to work: Your availability will be used to create your work schedule.

:
Day of the Week Hours

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

How many hours would you like to work per week? _____

What date will you be available to begin work? _____

List any dates during the 2010/11 season that you know now that you will not be available. _____

What experiences have you had that may prepare you to work as an intern at TheatreSquared?

What do you want to gain from this internship experience?

REFERENCES: Please list 3 people who you know well and can attest to your character, skills and dependability. Include your current or last employer.

Name/Organization	Relationship to you	Phone	Length of relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please read the following before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a intern position and in interviews with TheatreSquared, that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a position. I understand that information contained on my application will be verified by TheatreSquared. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with TheatreSquared or my termination as an intern.

Signature _____

Date _____

Deadline & Mailing Information

Applications are accepted year round.

TheatreSquared

Attn: Intern Program

PO Box 4188

Fayetteville, AR 72702