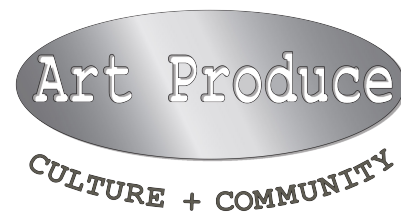


Internship Application



Name: _____ D.O.B.: _____ (mm/dd/yy)

Address: _____
(Street) (City) (Zip)

Phone: _____ Email: _____

Requested Dates for Internship: _____

Do you need community service/educational credit? _____

Availability:

Day	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Why do you want to intern at Art Produce? _____

How did you learn about this program? _____

Provide a brief description of your education: _____

Provide a brief description of your work history: _____

List your strengths/skills/areas of proficiency: _____

Languages Spoken: _____

What are your life/career goals? _____

List up to 3 references with contact information:

Signature

Date