

MORTON THEATRE INTERNSHIP APPLICATION



First Name _____

Last Name _____

Address: _____

City: _____

State: _____

Zip Code: _____

Email Address: _____

Which Number is the best contact method?

Daytime _____

Evening _____

Cell _____

Date Available for Internship: _____

Are you under the age of 18?

Yes

No

What intern position are you applying for?

PR/Social Media

Volunteer Coordination

How did you hear about this internship/s? _____

Experience/Employment

Current employment status:

Full-time

Part-time

Not Employed

Student*

Current or most recent paid position held? _____

What major are you enrolled in? _____

Academic Year: Freshman-Sophomore

Junior

Senior

Graduate Student

Describe your long-term career goals. _____

Why are you interested in an internship at the Morton? _____

What specific experiences do you have or would like to gain through this internship? _____

*For Current Students Only

Do you speak other languages? Yes No If yes, then please list language/s below.

<input type="checkbox"/> Fluent <input type="checkbox"/> Semi-Fluent <input type="checkbox"/> Basic	<input type="checkbox"/> Fluent <input type="checkbox"/> Semi-Fluent <input type="checkbox"/> Basic
<input type="checkbox"/> Fluent <input type="checkbox"/> Semi-Fluent <input type="checkbox"/> Basic	<input type="checkbox"/> Fluent <input type="checkbox"/> Semi-Fluent <input type="checkbox"/> Basic

Do you currently volunteer for another Athens-Clarke County Leisure Services facility? Yes No

If so, which one/s? _____

Relevant Skills, Software Proficiencies, Certificates, Training, etc. _____

Availability

Please check semesters of availability. Fall Spring Summer Other

If other please explain. _____

Please list your general availability

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

References

Name	Relationship and contact info (e-mail and/or phone number)

I hereby confirm, represent and warrant that I have never been convicted of or charged with any crime involving or relating to child abuse or neglect, child pornography, child abduction, or any other violent offense, including kidnapping, rape or sexual offense, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection with committing such crime or crimes.

I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my disqualification or release.

Signature Required _____ Date: _____

Please include a copy of your resume with your application.