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**Personal Information**

Name:

\_\_\_\_\_  
Last First Middle

Address:

\_\_\_\_\_  
Street City/State Zip

Alt. Address:

\_\_\_\_\_  
Street City/State Zip

Contact Info:

\_\_\_\_\_  
Home Phone Cell Phone Email Address

Internship Sought: \_\_\_\_\_ Available Start Date: \_\_\_\_\_

Grade level you will be entering in Fall \_\_\_\_\_

List all tentative or definite conflicts between June 8th and August 24th:  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Employment/Internship History**

**Current/Most Recent Employer**

\_\_\_\_\_  
Employer Name Position Supervisor Name

\_\_\_\_\_  
Employer Address Employer Phone

\_\_\_\_\_  
Reason for Leaving

**Previous Employer**

\_\_\_\_\_  
Employer Name Position Supervisor Name

\_\_\_\_\_  
Employer Address Employer Phone

\_\_\_\_\_  
Reason for Leaving

**Previous Employer**

\_\_\_\_\_  
Employer Name Position Supervisor Name

\_\_\_\_\_  
Employer Address Employer Phone

\_\_\_\_\_  
Reason for Leaving

**Education**

	Name and Location	Graduation Date	Major/Subject of Study
High School			
College or University			
Training, Trade School, Etc...			
Other Education			

Please list special skills, training or certifications:

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**What do you hope to learn/gain from an internship with the MACC?**

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**List all prior experience/work/internships with children/teens:**

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**List theatre experience: (or attach resume)**

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**References**

Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all of the information listed above.

Signature

Date

\*Attached to Application: Cover Letter, Recommendation Letter, Resume