



For Office use only:
 Completed Interview on date: _____
 Background Check completed? Yes No
 References checked? Yes No
Verify that the applicant has provided permission before conducting reference checks
 Accepted as an Intern? Yes No
 Added to intern spreadsheet? Yes No
 Added to Constant Contact? Yes No

Intern Application Form

Thank you for your interest in interning with Artists Creating Together.

Please return your completed application by email to ***program@artistscreatingtogether.org***, or by mail to ***Artists Creating Together; 1140 Monroe Ave NW, Suite 4101, Grand Rapids, MI 49503***

Today's Date: _____

Contact Information

Name: _____

Street: _____ City: _____ Zip: _____

Email: _____ Preferred phone: _____

Students Only

School: _____ Major: _____ Expected graduation date: _____

Position applying for *(please mark all that you are interested in)*

Art Programs Community Programs & Events Creative Cube Art Apprentices
 Development & Event Planning Non-Profit Administration Social Media & Marketing

Semester applying for *(please mark all that you are interested in)*

Winter-Spring Summer Fall

Education *(list any post high-school education you have had)*

| School Name | Degree Received | Dates attended (Yr-Yr) |
|-------------|-----------------|------------------------|
| | | |
| | | |
| | | |

Volunteer/Work Experience

| Employer/Organization Name | Position/Role | Dates Employed |
|----------------------------|---------------|----------------|
| | | |
| | | |
| | | |



Please tell us a bit about yourself.

1. How did you learn about ACT?

2. Describe any experience you have working with people with disabilities.

3. Have you ever been convicted of a crime? Yes No

If yes, please explain:

4. Have you ever been convicted of a crime involving children? Yes No

If yes, please explain:

How far are you willing to travel to for a class, program or event? _____

Please list your availability for your schedule below. Check all applicable boxes.

Place an "x" in the box to indicate you are available.

| Time | Monday | Tuesday | Wednesday | Thursday | Friday |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 8am | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9am | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10am | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11am | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other commitments you would like to share? <i>(for example, class schedule, employment, extracurricular)</i> | | | | | |



Your comfort level as an intern is important to us. Please place an “x” beside all populations you are **comfortable working with**.

People with Disabilities:

- Adults
- High school age
- Elementary school age
- Preschool age

Types of Disabilities:

- Emotional Impairment
- Developmental Disability
- Visual Impairment
- Physical Impairment

Other Information

Is there any other information that you think would be helpful for us to know about you?

Are there other ways you would like to get involved with ACT that are not listed on this form?

Professional References:

Please provide at least THREE professional references which may include past and present employers, professors, advisors or mentors who may speak on behalf of your demeanor and work style. No family members or friends.

Reference 1:

Name: _____ Organization: _____
Title: _____ Email: _____
Zip: _____ Phone: _____ Relationship: _____

Reference 2:

Name: _____ Organization: _____
Title: _____ Email: _____
Zip: _____ Phone: _____ Relationship: _____

Reference 3:

Name: _____ Organization: _____
Title: _____ Email: _____
Zip: _____ Phone: _____ Relationship: _____



By signing below, I authorize Artists Creating Together to communicate with persons listed as references; I agree to hold such persons harmless with respect to any information they may give about me. I also agree that Artists Creating Together has my permission to publish my likeness in any of their own print, video, internet publication, or social media application. Furthermore, I understand that it may also be used in media from a partner or community collaborator that promotes the work of ACT, with ACT's permission, and that I may or may not be identified specifically by name.

I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. If accepted as an intern, I understand that ACT reserves the right to request a Criminal History Background check at any time.

Signature _____ Date: _____
Note: If using a computer, your typed name will serve as your signature.

Please return this form to Artists Creating Together
By mail: 1140 Monroe Ave NW, Suite 4101; Grand Rapids, MI 49503
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