|  |
| --- |
| **For Office use only:** Completed Interview on date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Background Check completed? [ ]  Yes [ ]  NoReferences checked? [ ]  Yes [ ]  No*Verify that the applicant has provided permission* *before conducting reference checks*Accepted as an Intern? [ ]  Yes [ ]  NoAdded to intern spreadsheet? [ ]  Yes [ ]  NoAdded to Constant Contact? [ ]  Yes [ ]  No  |

**Intern Application Form**

Thank you for your interest in interning with Artists Creating Together. In an effort to make the most of your experience with us, please complete the following form.

|  |  |
| --- | --- |
| Today’s Date: |   |

  **Contact Information**

|  |  |  |
| --- | --- | --- |
| Name: |   |  |
|  |  |
| Street: |   | City: |   | Zip: |   |
|  |
| Email: |   | Preferred phone: |   |
|  |  |

**Students Only**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School: |  | Major: |  | Expected graduation date: |  |

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

Art Programs [ ]  Community Programs & Events [ ]  Creative Cube [ ]

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?

|  |
| --- |
|  |

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

|  |
| --- |
|  |

1. Have you ever been convicted of a crime? Yes [ ]  No [ ]
*If yes, please explain:*

|  |
| --- |
|  |

1. 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 for which day and time you are available.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Time** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Notes** |
| 7am |[ ] [ ] [ ] [ ] [ ]   |
| 8am |[ ] [ ] [ ] [ ] [ ]   |
| 9am |[ ] [ ] [ ] [ ] [ ]   |
| 10am |[ ] [ ] [ ] [ ] [ ]   |
| 11am |[ ] [ ] [ ] [ ] [ ]   |
| 12pm |[ ] [ ] [ ] [ ] [ ]   |
| 1pm |[ ] [ ] [ ] [ ] [ ]   |
| 2pm |[ ] [ ] [ ] [ ] [ ]   |
| 3pm |[ ] [ ] [ ] [ ] [ ]   |
| 4pm |[ ] [ ] [ ] [ ] [ ]   |
| 5pm |[ ] [ ] [ ] [ ] [ ]   |
| 6pm |[ ] [ ] [ ] [ ] [ ]   |
| 7pm |[ ] [ ] [ ] [ ] [ ]   |
| 8pm |[ ] [ ] [ ] [ ] [ ]   |
| 9pm |[ ] [ ] [ ] [ ] [ ]   |
| **Number of hours available per day** |  |  |  |  |  |  |

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:** |  |  | **Types of Disabilities:** |  |
| Adults [ ]  |  |  | Learning Disability [ ]  |  |
| High school age [ ]  |  |  | Developmental Disability [ ]  |  |
| Elementary school age [ ]  |  |  | Visual Impairment [ ]  |  |
| Preschool age [ ]  |  |  | Physical Impairment [ ]  |  |
| Early childhood age [ ]  |  |  | Emotional 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

By email: info@artistscreatingtogether.org