



Office of Cultural Affairs Internship Application

Contact Information

Name	
Street Address	
City, ST ZIP Code	
Home Phone / Cell Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for internship?

Please select all that apply

- ___ Weekday mornings Mon Tues Wed Thurs Fri
___ Weekday afternoons Mon Tues Wed Thurs Fri
___ Weekday evenings Mon Tues Wed Thurs Fri

Interests

Tell us in which areas you are interested in gaining experience?

- ___ Administration
___ Chastain Arts Center & Gallery
___ Gallery 72
___ Events (seasonal)
___ Festivals
___ Program logistics/management
___ Public Art

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an intern, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I also understand that as an intern I will not receive monetary compensation for hours worked, but may receive course credit if prior agreement is made by my college or university.

Name (printed)	
Signature	
Date	

Equal Opportunity Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in interning with us.