

# Internship Program Application Form

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **M.I.** \_\_\_\_\_

**Current Address:**

Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**Permanent Address:**

Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**The Internship Program:**

Please rank these positions in order of your preference (1 –Most, 4-Least)

- \_\_\_\_\_ Administration
- \_\_\_\_\_ Development
- \_\_\_\_\_ Education and Outreach Intern
- \_\_\_\_\_ Marketing

Circle which term(s) you are interested in (choose all that apply):

Fall (Sept.-Dec.)                      Spring (Jan.-April)                      Summer (May-Aug)

Possible Start Date \_\_\_\_\_ Desired End Date \_\_\_\_\_

Would you receive academic credit for this internship?

\_\_\_\_\_

**Work and Education History:** Please complete this section **in addition** to submitting your resume.

Have you applied for an internship at The Toledo Opera Association before? Y\_\_\_N\_\_\_

If Yes, when and for what department? \_\_\_\_\_

Have you been employed by The Toledo Opera Association before? Y\_\_\_N\_\_\_

If yes, when and for what department? \_\_\_\_\_

<u>School-Name</u>	<u>Dates of Attendance</u>	<u>Degree</u>
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