



Valley Youth Theatre's Internship Application

I

Name _____ Age _____

Street Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

Please check the sessions you are available to work:

SPRING BREAK CAMP

- Session 1: March 10-14, 2008 (Monday through Friday, 9am-3pm)
- Session 2: March 17-21, 2008 (Monday through Friday, 9am-3pm)

SUMMER CAMP

- Session 1: June 2-27, 2008 (Monday through Friday, 9am-3pm)
- Session 2: July 7-Aug 1, 2008 (Monday through Friday, 9am-3pm)

Please list any previous work or volunteer experience:

1 Business name: _____

Supervisor: _____ Phone Number: _____

Dates of Employment/Volunteer Work: _____

2 Business name: _____

Supervisor: _____ Phone Number: _____

Dates of Employment/Volunteer Work: _____

Please list three references who we may contact: (References should be a teacher, guidance counselor, mentor, or other adult.)

Reference #1—Name: _____ Phone Number: _____

How do you know this person? _____

