

## **Application for Internship**

Name:		
Street Address:		
City:	Zip Code:	
Home Phone #:	Applicant's Cell #:	
Parent Name:	Parent's Cell #:	
Parent Name:	Parent's Cell #:	
Applicant's Age:	Applicant's Birthday:	
Current School:	Gr	ade level:
Please list affiliations and oblig	gations other than school (ex. Church, Sp	orts, Scouts, Other
Theatre Groups, etc.):		
	anizations, Team, etc.):	
Please estimate (realistically	y) the number of hours per month you co hours per month	an dedicate to CORP:
2) Theatre Experience-Please	s to be added to application: lication as an intern (200 words+)- attach	
•	derstand the duties and responsibilities o e to fulfill that obligation, if chosen, to the	
Applicant Signature	 Parent Signature	 Date