



### INTERNSHIP APPLICATION

|                     |         |                 |
|---------------------|---------|-----------------|
| Last:               | First:  | Middle Initial: |
| Street Address:     |         | Apt/Unit #:     |
| City:               | State:  | ZIP:            |
| Phone:              | E-mail: |                 |
| University/College: |         | Major:          |

What area of the Straz Center interests you (Check all that apply)?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Accounting                 | <input type="checkbox"/> Education             | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Box Office Management      | <input type="checkbox"/> Events Management     | <input type="checkbox"/> Marketing              |
| <input type="checkbox"/> Catering/Food and Beverage | <input type="checkbox"/> Facilities Management | <input type="checkbox"/> Programming            |
| <input type="checkbox"/> Development/Fundraising    | <input type="checkbox"/> Human Resources       | <input type="checkbox"/> Technical Services     |

Internship position you are applying for: \_\_\_\_\_

Dates Available: From \_\_\_\_\_ To \_\_\_\_\_

Day: Sun Mon Tue Wed Thur Fri Sat

Hours Available: \_\_\_\_\_

18 years or older (Circle one): Y or N

US Citizen or Permanent Resident (Circle one): Y or N

International Student (Circle one): Y or N Visa Status: \_\_\_\_\_

Are you related to or do you know anyone currently employed at the Straz Center? Y or N

If so, who? \_\_\_\_\_

Emergency Contact Information:

Name \_\_\_\_\_ Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Why are you interested in an internship at the Straz Center?

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