

## INTERNSHIP APPLICATION FORM

Please visit <u>www.performingarts.ufl.edu</u> to read about UFPA internships and what is required of interns. Return your completed application <u>and a current resume</u> to Derek Wohlust at dwohlust@performingarts.ufl.edu

Last Name	First Name	Middle Initial
Current Address		
City	State	Zip Code
Current Telephone	E-mail Address	
Permanent Address		
City	State	Zip Code
UFID#	UF Department/Degree Program	Expected Graduation Date
Please indicate your a	reas of interest and/or experience in the	e arts:

which you would in	terested in working	
Graphic	Decign	
	ng & Communications	
Operatio		
Adminis	tration	
Develop		
	ance Sponsorship on/Student Involvement	
Educado	on/Student involvement	
	RED to attend bi-weekly meetings for dinesday afternoons from 3:30 - 5:00pt	or the duration of their internship. Will you m?
Yes	N	О
If No, please explain:		
ii ivo, picase expiani.	•	
<u>-</u>	• •	work schedule and other commitments)?
<u>-</u>	bility (based on your class schedule, ailable below, including nighttime av	•
<u>-</u>	• •	•
Please list times ava	• •	•
Please list times ava Monday Tuesday	• •	•
Please list times ava	• •	•
Monday Tuesday Wednesday	• •	•
Monday Tuesday Wednesday Thursday	• •	•
Monday Tuesday Wednesday Thursday Friday	• •	•
Monday Tuesday Wednesday Thursday Friday Weekends	ailable below, including nighttime av	ailability:
Monday Tuesday Wednesday Thursday Friday Weekends	• •	ailability:
Monday Tuesday Wednesday Thursday Friday Weekends	ailable below, including nighttime av	ailability:

Why did you decide to apply to the UFPA internship program and what qualities make you a

qualified applicant?					
References Please name two people who will serve a	ns references.				
Trease name two people	as references.				
Name	Position/Relationship				
Telephone Number	E-mail Address				
•					
Name	Position/Relationship				
Telephone Number	E-mail Address				
Please tell us how you heard about the UFPA internship program:					
·					