UPAC Theatre Group

Application for Internship

Date: _____

Name: _____
Last Name **First** **Middle Initial**

Address: _____
Street Address **Apt #**

_____
City **State** **Zip Code**

Phone Number: _____
(Include your Area Code)

Email Address: _____

Please answer the following questions as completely as possible. You can continue answers on the back – please label the question numbers.

1. Why are you interested in an internship with UPAC Theatre Group?

2. As an intern, you are committing to show up for rehearsals and performances. Are you willing and able to make this time commitment? If there are schedule conflicts you currently know of, please address them here as well.

3. Do you have previous experience in the theater? Please explain what theater, when you worked with them and what your responsibilities were. If you are currently a student, please tell us of your classes that you are taking that pertain to theater as well as your teacher's name and school.

4. From the list below, which internship are you applying for?

Assistant Stage Manager	Lighting and Board Operator
Marketing/Publicity Assistant	Box Office Assistant
Set Construction Assistant	Costume Assistant
Sound Design/Operator Assistant	House Manager Assistant

5. What do you hope to accomplish with your internship at UPAC Theatre Group?

6. Do you have a valid Washington State Driver's License? Yes No
If no, then do you have transportation to and from rehearsal and performances? Explain.

7. Is your current age 15 or older? Yes No
If no, what is your birth-date? _____
MONTH /DAY /YEAR

8. Please provide a personal letter of reference ***with this application*** from a teacher, professor or employer from theater-related classes or work you have done.

9. UPAC Theatre Group will work with high school students that are between the ages of 15 and 18 years of age, as long as they have permission from their parent(s) or guardian(s). Please have your parent or guardian sign and date this application acknowledging that are giving permission for you to work with UPAC Theatre Group in its Internship program for the summer.

If applicant is under the age of 18, please have parent or guardian complete the following:

As Parent / Guardian of _____, I give my permission that he/she may work with UPAC Theatre Group in their theatre internship program. I acknowledge that he/she will be required to attend meetings, rehearsals, set-construction work parties, as well as all technical rehearsals and performances, as required for the internship.

_____ _____
Signature of Parent/Guardian Date

I, the applicant, acknowledge that I understand that I will be working with UPAC Theatre Group as an intern for their summer production. I understand that I am responsible to be on time to all meetings, rehearsals, work parties, technical rehearsals and performances as needed.

_____ _____
Print your Name Your Signature