

# Children's Theatre Company

## Internship Application



Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current address: \_\_\_\_\_

Current Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

School attended: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_

Address: \_\_\_\_\_

Advisor's Phone: (\_\_\_\_) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Advisor's email: \_\_\_\_\_

Major: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Are you currently a student?       yes       no

Will you receive academic credit for this internship?       yes       no

Do you have a driver's license?       yes       no

Status:     Junior     Senior     Grad     Other: \_\_\_\_\_

### Internship Selection

Please choose from the following internships: Production Management, Stage Management, Company Management, Music, Sound, Lighting Design, Electrics, Costume Design, Stitching, Costume Crafts, Wigs, Scenery, Paint, Directing, Dramaturgy/Literary, Marketing & Communications, Development, Play Licensing, Education (please indicate Theatre Arts Training or Neighborhood Bridges).

1st choice \_\_\_\_\_

Date available: \_\_\_\_/\_\_\_\_/\_\_\_\_

2nd choice \_\_\_\_\_

Final date available: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Letters of Recommendation

Please list the names, phone numbers and email addresses of the three people submitting letters of recommendation on your behalf:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

#### **Please include the following with your application:**

1. Three reference letters from theatre professionals or others who know you and your work
2. Resume of your related work and educational experience
3. Your personal statement

Please mail or email application materials to:

Children's Theatre Company • Attn: Debra Baron • 2400 Third Avenue South • Minneapolis, MN 55404  
email: [dbaron@childrenstheatre.org](mailto:dbaron@childrenstheatre.org)