

BASIC INTERNSHIP APPLICATION

Before filling out this application, please read the Internships Guidelines for Gamut Theatre. Please print legibly.
A Letter of Recommendation from a non-relative must accompany this application.

Name: _____ Age: _____ Pronouns: _____
Address: _____ Home phone: _____
City, State, Zip: _____ Cell phone: _____
Email address: _____
Current Level of Education (grade in school, year of college): _____
Parents/Guardians' name(s): _____
In case of emergency, contact (name and phone number): _____

Have you ever seen any plays performed by Popcorn Hat Players or Harrisburg Shakespeare Festival?
If so, what were they? _____

What are your goals for the internship? What do you hope to learn or achieve?

When are you available to intern at Gamut Theatre Group?

Please use the back of this form to tell us why you are interested in an internship with Gamut Theatre Group and to tell us anything about yourself and/or elaborate on any of your answers above.

By checking the items and signing below, I understand the following requirements:

- I am 15 years of age or older
- If I am under 18 years old, I have the required parent/guardian permission signature on this application
- I understand that Gamut Theatre will not provide parking or reimburse parking expenses
- I have enclosed a letter of recommendation
- I request an interview to be considered for a Basic Internship at Gamut Theatre

X _____ X _____
signature of applicant date

For applicants under the age of 18 – please have parent or guardian read and sign the following statement:

I have read this entire application and have discussed this internship with my child. I give _____ permission to apply for this internship.

X _____ X _____
signature of parent/guardian date