



Echoes Internship Application

RETURN TO: Internships, Echoes, PO Box 256, Chester Springs, PA 19425 Fax: 610.827.9614

echoes@echoes.org

Name: _____ Date: _____

Contact Information

Email Address: _____ Home Phone: _____

Permanent Address: _____ Cell Phone: _____

Temporary Address @ School: _____

Emergency Contact: _____ Em. Contact Work Phone: _____

Relationship to you: _____ Em. Contact Cell Phone: _____

School Name: _____ Major: _____

How did you hear about the Echoes Internship Program?

Website Flyer Friend Teacher Other

Position Desired (in order of preference)

1. _____

2. _____

3. _____

What are your available start *and* end dates? _____

What days and hours are you available to work? _____

Would you need time off for vacations? _____ If yes, what are the dates? _____

Have you applied for an Echoes internship before? ___ Have you ever worked at Echoes? ___

If needed, please use a separate piece of paper to complete your answers.

Name 3 artists on your iPod or in your CD player right now: _____

What were your favorite courses and why? _____

What types of extra curricular activities do you participate in? _____

If you are seeking credit for your internship, what are the parameters/goals/purpose you need to meet and why are you interested in fulfilling them with Echoes? _____

What are your talents, interests, and experiences which make you a good candidate for this position? _____

What computer programs and systems are you familiar with? _____

Please list your work experience - both paid and volunteer work (please include dates): _____

What do you expect to gain from an internship with Echoes? _____

CONSENT

I understand that I am applying for an **UNPAID** position working under the supervision of an Echoes employee.

SIGNATURE _____ **Date** _____