



# CAROLYN DORFMAN DANCE COMPANY

## INTERNSHIP APPLICATION

Date \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 E-mail \_\_\_\_\_ Cell : (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ Apt. \_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Education/Training/Special Skills

	<i>School Name</i>	<i>City/State</i>	<i>Major/Degree</i>	<i>Last Year Completed</i>
High School				
College				

Other Special Skills, Certifications or Training \_\_\_\_\_

Extracurricular Activities \_\_\_\_\_

Languages spoken/written \_\_\_\_\_

Computer Skills \_\_\_\_\_

### **In case of emergency, please contact:**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

### **Interest** (Please attach an additional sheet if necessary)

How did you hear about CDDC?  Internet Site: \_\_\_\_\_   School: \_\_\_\_\_

Google (Please specify your search terms) \_\_\_\_\_  Other \_\_\_\_\_

What skills and/or previous experience can you bring to our organization?

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What do you hope to gain from an internship with CDDC?

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## Availability/Internship Requirements

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

What days of the week and times are you available?

*Please indicate actual hours you are available on the designated day of the week, ie: 2-5pm or 10-3, etc. If you do not yet know your schedule, please indicate the date that you will be able to solidify your schedule.*

Mon	Tues	Wed	Thurs	Fri

## References

*Please provide the attached reference forms to two individuals who are not family members or personal friends.*

*Forms may be sent with the application in signed, sealed envelopes, or under separate cover by the reference.*

### Reference 1

Name \_\_\_\_\_ Relationship to You: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

### Reference 2

Name \_\_\_\_\_ Relationship to You: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

I certify that all of the statements in this application are true and complete to the best of my knowledge.

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature



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## Academic Internship Requirements

All school internship programs are unique and have different requirements. You are responsible for knowing and ensuring that your school's requirements are met. Please use the space below to indicate guidelines set by your school's internship program.

Will you be receiving credit for your internship? **Yes**                      **No**

If yes, please indicate your status by checking one of the boxes below:

**I am a college student fulfilling a required internship or independent study.** If you check this option, please indicate the following:

	Per week	Per semester
<b>Total hours required</b>		

- Does your supervision need to be conducted by someone with specific credentials?

Yes                      No

If yes, please specify supervisor certification/license requirements

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Other (Course requirements, case histories, etc...)

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**I am a high school/undergraduate/graduate student earning straight unspecified credit.**

	Per week	Per semester
<b>Total hours required</b>		