

ROCHESTER ART CENTER

SUMMER 2010 INTERNSHIP APPLICATION

General Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Permanent Address (if different): _____

Experience and Skills

School Attending/Graduated: _____

Major: _____ Graduation Date: _____

Work/Volunteer Experience

Organizations/Employer: _____

Duties: _____

Hobbies/other interests: _____

What interests you about interning at Rochester Art Center? _____

How did you find out about the internship program at the Art Center? _____

Circle any computer programs that you are proficient in:

Photoshop, Illustrator, InDesign, Dreamweaver, Word, Excel, Final Cut, Powerpoint, Flash

Other Skills: _____

Specific Project you would like to work on: _____

Please indicate areas of interest

- | | |
|---|--|
| <input type="checkbox"/> Education | <input type="checkbox"/> Exhibitions |
| <input type="checkbox"/> Visitor Services | <input type="checkbox"/> Public Programs |
| <input type="checkbox"/> Graphics/Tech | <input type="checkbox"/> Marketing/PR |
| <input type="checkbox"/> Gallery Shop | <input type="checkbox"/> Events |
| <input type="checkbox"/> Development | <input type="checkbox"/> Administration |

Dates & times available: from _____ to _____

M T W TH F S SU

Morning Afternoon Evening

Emergency Contact Information

Name: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

Comments/Additional Information: _____

Signature: _____ Date: _____

**Please return completed application, letter of intent,
resume and list of three references by March 26, 2010 to:**

Rochester Art Center • Attn: Volunteer Coordinator
40 Civic Center Drive SE • Rochester, MN 55904
507-282-8629 • info@rochesterartcenter.org