



## Internship Application Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ cell / work \_\_\_\_\_

Email \_\_\_\_\_ Age (if under 21) \_\_\_\_\_

Current Employer (if applicable): \_\_\_\_\_

Phone \_\_\_\_\_

Current School/College (if applicable): \_\_\_\_\_

Level of Education (e.g., Freshman, Sophomore, Junior, Senior, graduate level): \_\_\_\_\_

Phone \_\_\_\_\_

### Availability *(please note your available hours)*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

### Special skills, training:

What are your hobbies – what do you do for fun?

What are you interested in doing at ALLI?

- Welcome desk
- Helping at Education Program public events
- Docent opportunities
- Assisting in the classroom: \_\_adult classes \_\_children’s classrooms
- Art League Library assistance
- Outreach- catalog distribution to public libraries, etc.
- Mailing help
- Arts and Crafts Fair events
- Helping in the Gallery

Other:



Have you taken classes at ALLI – if so, which?

Why do you want to intern at ALLI?

What other internships have you done?

Please list the names of two references that we may contact (other than family members):

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

**For positions assisting in the classroom:**

I hereby consent to permit the Art League of Long Island to contact anyone it deems appropriate to investigate or verify any information in reference to my suitability for an internship position.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Have you ever been convicted of a crime? If yes, please explain:

I certify that the answers given by me to all questions on this application are to the best of my knowledge,

Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*Please understand that this is an application for and not a commitment or promise of internship opportunity.*

## Internship Program Policy Form

Name \_\_\_\_\_ Date \_\_\_\_\_

*In case of emergency please contact:*

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Thank you for your interest in Interning at the Art League of Long Island!**

**Please read this information sheet carefully and sign below:**

### **Responsibilities:**

**Interns of the Art League will be expected to ...**

- Have a positive attitude and maintain an appropriate appearance in their duties.
- Follow the Art League's policies and procedures.
- Contact office in advance in the event of a schedule conflict.
- Abide by the code of ethics and confidentiality. Art League interns must hold in strict confidence all information that they acquire through their work. This confidentiality is to be enforced both within and outside the organization. Confidentiality is the ethical responsibility of every intern.

***The Art League reserves the right to discontinue intern relationship due to failure to abide by Art League policies or expectations.***

**I acknowledge my responsibility to adhere to the policies of the Art League of Long Island Internship Program.**

Signature \_\_\_\_\_ Date \_\_\_\_\_