

TheatreWorks

S I L I C O N V A L L E Y

PROFESSIONAL INTERNSHIP APPLICATION FORM

Name _____

Email _____

Primary Phone Number (____) _____

Alternate Phone Number (____) _____

Current Address _____

City _____ State _____ Zip _____

Which internship are you applying for? _____

If you'd like to apply to more than one internship, please list alternatives here:

First Alternative _____

Second Alternative _____

Please list your starting availability in the month of June. If you have conflicts, including evenings and weekends, please list them here.

To submit this application, please follow the following instructions:

Email this document, along with a cover letter, resume, and 3 letters of recommendation to interns@theatreworks.org. Application documents should be submitted in PDF format with the subject line: TheatreWorks Internship Application/ Department.

(Examples: TheatreWorks Internship Application/ Education, or TheatreWorks Internship Application/ Production).