



(Please type or print in black ink.)

**How many hours per week?:** (VocalEssence office hours are M-F, 8:30am-5pm, although evening hours for rehearsals/concerts may be required depending on the internship)



# VOCAL ESSENCE

## TOGETHER WE SING

**Education:** *(Please fill this out unless you are submitting a resume with the application)*

Type of School	Name and Location	Degree/Date	Major
High School	_____	_____	_____
College	_____	_____	_____
College	_____	_____	_____

Scholastic Honors and/or Licenses: \_\_\_\_\_  
\_\_\_\_\_

**Employment History:** *(Please fill this out unless you are submitting a resume with the application)*

Most Recent Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor (Name & Title): \_\_\_\_\_

Position Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor (Name & Title): \_\_\_\_\_

Position Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# VOCAL ESSENCE

TOGETHER WE SING

Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor (Name & Title): \_\_\_\_\_

Position Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## References:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Company/School: \_\_\_\_\_

Relationship: \_\_\_\_\_ Known how long: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Company/School: \_\_\_\_\_

Relationship: \_\_\_\_\_ Known how long: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Company/School: \_\_\_\_\_

Relationship: \_\_\_\_\_ Known how long: \_\_\_\_\_



# VOCAL ESSENCE

TOGETHER WE SING

**Why would you like to work as a VocalEssence intern?**

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**ALSO INCLUDE THE FOLLOWING IN YOUR APPLICATION PACKET:**

- Resume (if you have one)
- Writing sample (no more than 3 pages) or Design sample (required as needed depending on internship interest)

**I certify that the information contained on this form and in my application is true and complete to the best of my knowledge.**

**SIGNATURE:** \_\_\_\_\_

**DATE OF APPLICATION:** \_\_\_\_\_

**Send Application Packet To:**

Internships  
VocalEssence  
1900 Nicollet Avenue  
Minneapolis, MN 55403  
Fax: 612.547.1484