

## **VocalEssence Internship Application**

(Please type or print in black ink.)

Full Name:				
Last	First	Middle		
Current Address:	Permanent Addre	SS: (if different from current address		
Street	Street			
Apt./P.O. Box	Apt./P.O. Box			
City State Zip	City State Zip	City State Zip		
Phone number:	Cell number:			
E-mail:				
University Name:	City	State		
Major	Minor	GPA		
Degree				
From the following options, please order being the one of greatest interest. For a m department, visit <a href="https://www.vocalessence.org/">www.vocalessence.org/</a> Marketing and Public Relations Development Community Engagement (writing Operations	ore detailed description of act internship.	ivities within each		
Dates available for internship:				
How many hours per week?: (VocalEss hours for rehearsals/concerts may be requ				



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

Type of School High School	Name and Location	Degree/Date 	Major 	
College				
College				
Scholastic Honors a	nd/or Licenses:			
Employment Hist	t <b>ory:</b> (Please fill this out unless yo	ou are submitting a resume w	ith the application)	
Most Recent Empl	ost Recent Employer:Telephone #:			
Address:				
	& Title):			
Position Title:		Start Date:	End Date:	
Description of Dut	ties:			
Employer:		Telephone #:		
Address:				
Supervisor (Name				
Position Title:		Start Date:	End Date:	
Description of Dut	ties:			



Employer:	1 elepnone #:	
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:	Telepl	none Number:
Company/School:		
Relationshin:	Known how long.	



willy would you like to work as a vocalessence interin:
<ul> <li>ALSO INCLUDE THE FOLLOWING IN YOUR APPLICATION PACKET:</li> <li>Resume (if you have one)</li> <li>Writing sample (no more then 3 pages) or Design sample (required as needed depending on internship interest)</li> </ul>
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