

Theatre Camp Manager Internship Application
2020 Bexar County Arts Internship Program

Name: _____

Phone: _____

Email Address: _____

Emergency Contact person & phone number: _____

College/University Currently Attending: _____

Expected Graduation Date: (candidates ineligible if graduating Spring, 2020) _____

Experience: (Please list any related experience, including special projects, and/or skills you possess in the related field).

Career Goals: (Please briefly describe how you feel this internship will provide you with experience to pursue your future career goals).

Are you certified in CPR and/or trained to address behavioral management issues with children? If yes, please explain.