Rosemary Kennedy Internship Initiative Application

Fall 2020

Please complete and submit this form to kmcmillan@ashevilleart.org. Applications are accepted on a rolling basis, with interns placed on a first-come, first-served basis.

Personal Information

Please type or print in black or blue ink.

Name

Address

City

State

Zip code

Email

Phone

Education

Indicate any diplomas/degrees that you have completed, and/or are currently pursuing.

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List extracurricular activities that you are/were involved in during your time(s) as a student.

Availability

Indicate when you are available to intern at the Museum.

Day(s)  □ Monday    □ Tuesday    □ Wednesday    □ Thursday    □ Friday    □ Saturday    □ Sunday

Time(s)  □ Morning    □ Afternoon    □ Evening

Volunteer Experience

List past and present volunteer experience (including at the Asheville Art Museum).

Updated 8/2020
**Interests**
List hobbies, leisure activities, and/or other interests.

**Reference**
Provide contact information for one reference (no family members) whom we can contact to complete an online reference form in support of your application.

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**Emergency Contact**

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**Rosemary Kennedy Internship Initiative**
The Asheville Art Museum participates in the Rosemary Kennedy Internship Initiative, which provides stipends for internship and pre-professional training opportunities for youth with disabilities, ages 15–22.

Are you eligible for the Rosemary Kennedy Internship Initiative, and wish to be considered?  □ No  □ Yes

**Letter of Interest**
Attach a one-page letter indicating your interest in the arts and/or a career in the arts, arts education, or arts management.

**Authorization & Release**
The information that I have provided is true to the best of my knowledge.

Applicant signature  Date

**For applicants under 18 years of age** As the parent or guardian of the above-named minor child, I give my consent for their participation in the Museum's internship program; authorize any medical treatment which may be advised or recommended by an attending physician while they are participating in the program; give them permission to be transported for program activities; and will not hold the Asheville Art Museum responsible in case of accident as a result of participation.

Parent/guardian signature  Date

**FOR OFFICE USE ONLY**

Date received ____________________  □ Letter of interest  □ CV  □ Reference

**Interview**
Date ____________________  Interviewer(s) ____________________

Notes: