

INTERNSHIP APPLICATION FORM



Name:				
(Last)	(FIRST)	(MI)		
Local Address:				
(street)		(City)		(Zip)
Permanent Address:				
(If different) (street)		(City)		(Zip)
Home Phone: ()	Alt. Phone: ()			
Email Address				
IN CASE OF EMERGENCY CONT	ГАСТ			
Name		Relationship		
Phone: Cell:	н	lome:		
I am applying for the Fall /	Spring /	Summer	Semester. (circle one)	
Dates				
What is your Major? Email address:				
Please identify up to four shifts		OI at ieast o in	<u></u>	_
Day	AM		PM	
Monday				
Tuesday Wednesday				
Thursday Friday				
Applicant Signature Date				
	Comple	eted by MAC st	aff	
The Information above is verif	ied and accu	rate to the bes	t of my knowledge.	
Staff Name:				
Signature	Date:			



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Please respond to the questions below;

Why do you want to intern at MAC?

What are your strengths, experience, and areas of interest in the arts?

MAC is always looking for interns with the following skills, please identify areas that you can/ or would like to contribute to

- Project management
- Editing/writing
- Event Planning
- o Social Media & Blog
- Design (Web, invitations etc.)
- o Research

- Data Entry/Database
- o Filing/Mailings
- Grants Related
- O Photography/Documentation
- Education/Arts Integration
- Exhibit Planning

Are you available to travel MAC related events outside of the Jackson area? Yes No

Please Email application form and Resume to Kristen Brandt at kbrandt@arts.ms.gov. If we feel that you are a good fit for MAC, you will be invited for a short interview and orientation.