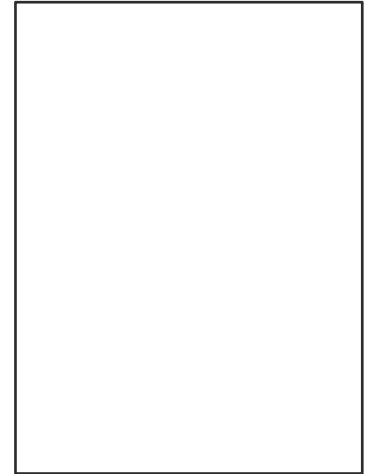




a project of Foundation Art Divvy



FOUNDATION INTERNSHIP APPLICATION FORM

DURATION OF INTERNSHIP:

START DATE: _____ END DATE: _____

PERSONAL INFORMATION

Name _____

Permanent Address _____

Email _____ Contact No _____

Date of Birth _____

EDUCATION

College/University _____

Major/Minor _____

Year _____

Grade _____

EMERGENCY CONTACT 1

Name _____

Permanent Address _____

Contact No _____ Contact No.2 _____

EMERGENCY CONTACT₂

Name_____

Permanent Address_____

Contact No. _____ Contact No. 2 _____

I have read and understood the guidelines and responsibilities provided by Foundation Art Divvy and understand the standards of behaviors expected from an intern/volunteer.

Applicant's Signature_____ Date_____

Director's Signature_____ Date_____