



**Anointed In Movement Company
INTERNSHIP APPLICATION FORM
Deadline: June 15, 2010**

PLEASE PRINT

Today's Date: _____

First Name & Last Name _____

Current Address: _____

City State Zip _____

Current Phone Number: _____

E-mail Address: _____

Cell phone number: _____

What is your preference of communication: via cell phone via email (circle one)

Have you previously been employed or volunteered for a performing arts company?
YES NO If yes, when and where?

High School, College or University Major/Concentration:

Degree awarded or working toward:

Number of semesters completed anticipated graduation date:

INTERN INFORMATION:

Will you seek academic credit for this internship? YES NO (Circle one)

If seeking academic credit, interns are responsible for obtaining and meeting their specific program requirements. AIM Company will provide necessary documentation for credit upon request.

AIM-Virtuous Worship
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List any special skills, interests, and/or training:

Background or experience: (Check those that apply)

<input type="checkbox"/> Music Business	<input type="checkbox"/> Event Planning	<input type="checkbox"/> Video/ Media Production
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Administrative	<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Advertising	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Research
<input type="checkbox"/> Photography	<input type="checkbox"/> Marketing/Sales	<input type="checkbox"/> Journalism (Writing)
<input type="checkbox"/> Computer Skills: (Elaborate)		

References:

Please provide two professional references. Do not list friends or relatives.

Relationship: How long have you known this reference? _____

Reference #1 –Name: _____

Phone Number: _____

Address: _____

City State Zip: _____

Relationship: How long have you known this reference? _____

Reference #2 –Name: _____

Phone Number: _____

Address: _____

City State Zip _____

Will you be available to work 10 to 20 hrs/week? YES NO

Days available: (Please circle)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

I certify that all the above information is accurate. I understand that if I falsify any information on this application, it could have a bearing on my being accepted into this internship opportunity.

SIGNATURE: _____ DATE: _____

Please email or fax your completed application to: info@aimcompany.org or (773) 439-2858