**School to Careers Partnership Internship Application Form 2020-2021**

The ArtWorks Program will be offered this year, however, due to the current pandemic and restrictions set forth by DESE, we are offering a virtual/hybrid model. The CIWB is offering these models as we feel the ArtWorks Program is an essential component to the creative economy and we would like to continue to provide career awareness education within the artistic domain. This school year we will be offering three mentoring models. According to the current DESE mandate, sophomores can only participate in a virtual mentorship model. Juniors and seniors have the option to participate in any of the mentoring models being offered this year. A description of these models are below.

**In-Person:** Artists will meet with students in their studio if they can abide by the [Massachusetts Mandatory Safety Standards](https://www.mass.gov/info-details/reopening-mandatory-safety-standards-for-workplaces) for workplaces regarding COVID-19. **\*Juniors and Seniors only at this time**

**Hybrid:** Artists will create a schedule with their student to meet both in-person and virtually. This schedule will vary depending on the artist and student’s comfort with in-person meetings.

**Virtual:** Artists will meet virtually with students over their preferred video communication service (i.e. Zoom, Google Meets, Webex).

**Part I. Applicant Background Information**

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street/PO Box Town Zip Code

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Who referred you to this program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Method of Contact (Circle): Home Mobile Email

High School You Attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade: \_\_\_\_\_\_\_\_\_\_

Please list any extracurricular activities that you are currently involved in and/or hobbies/interests that you have: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have any responsibilities or obligations that could interfere with your ability to commit time after school (i.e. sports, activities, family/child-care)? **Circle:**  Yes No

**If yes, please explain:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please identify your artistic interests below:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Part II: Past Work Experience**

Please describe briefly past job, internship and/or volunteer positions (Attach resume if available).

**Part III: Applicant Essay**

Describe your expectations for your Art Internship and explain why you think this program is a good fit for you. Please include what you hope to learn, describe your current artistic interests and describe your interest in participating. (Attach your essay or use the space below to write clearly and legibly. Use another sheet of paper if necessary.)

**Part IV: Parent/Guardian Information (To be completed by parent/guardian)**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_\_\_

My son/daughter/dependent has my permission to participate in the ArtWorks program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

The following is provided for your review and signature:

*I give permission for my son/daughter/dependent’s name, image, and/or student work products to be utilized in various forms of media including: newsletters, CIWB website (images only), CIWB and ArtWorks print and video productions, newspapers, magazines, or television, and future types of media for the duration of his/her enrollment in the ArtWorks Program.*

Please sign below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian, or student if 18 years or older

\*This form is applicable for the duration of your child’s participation in this program and will remain permanently in the student’s file. You may review and update this form at any time.

**Part V: Student Recommendation Form (To be completed by a teacher, guidance counselor or a caring adult, other than a relative)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Recommender Relationship to Applicant

Please describe your relationship with the applicant and why you believe he/she would be a good candidate for admission into the ArtWorks Program.

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Signature Date