



DEADLINE: April 30, 2021

THE BLACK REP PROFESSIONAL INTERN PROGRAM APPLICATION
2021 – 2022 SEASON
•TECH•

Complete and return to: Professional Intern Program Review
The Black Rep
6662 Olive Blvd
St. Louis, MO 63130

Or

education@theblackrep.org

Include your Resume, Portfolio (if applicable), and three letters of recommendation.
PLEASE TYPE OR PRINT NEATLY IN DARK INK AND MAIL TO ADDRESS ABOVE

Name _____,
(Last) (First) (Initial)

Mailing Address:

Street _____

City _____ State _____ Zip _____

Permanent Address (If different from above)

Street _____

City _____ State _____ Zip _____

Telephone Number(s):

Daytime () _____ Evening () _____

Cell () _____ Fax () _____

How did you hear about the Black Rep's Intern Program? _____

Have you participated in other intern programs? _____. If yes, list where, when and emphasis: _____

PLEASE COMPLETE THE FOLLOWING:

1. EDUCATIONAL BACKGROUND: (Include name of High School, College, University, and/or Professional School. List any earned degrees.)
 - a. _____
 - b. _____
 - c. _____
2. UNION AFFILIATIONS: (i.e. AFTRA, SAG) _____ If yes, which one(s): _____
3. List where you received previous theatre training, such as studio, school or private study:
 - a. _____
 - b. _____
 - c. _____
4. What kind of technical experience do you have? (i.e. carpentry, lighting, sound, costume, etc.): _____

5. Do you have stage management/design experience? _____. If yes, where and in what capacity? _____
6. Can you read music? _____
7. Do you play any musical instruments? _____. If yes, what type of instrument and how well? _____
8. Do you have any teaching experience in the arts with children and/or adults? _____. If yes, describe the participants, the project(s) and nature of your involvement: _____

9. List any special skills or interests you have that relate to the area to which you are applying (i.e. sewing, welding, set construction, painting): _____

11. **HEALTH HISTORY**

a. Please provide the following information:

Height _____ Weight _____ Date of Birth ____/____/____

Sex: Male _____ Female _____ Marital Status: _____

b. This program is physically strenuous and involves long workdays. Do you have any condition, which would, in any way, restrict your full participation in all activities? _____
If yes, explain: _____

c. Are there any other health condition(s) that you feel we should know about? _____
If yes, explain: _____

12. A position in the Professional Intern Program is a FULL-TIME position. The assorted obligations and levels of responsibility often involve long workdays. Outside, or secondary jobs are prohibited. Do you have any concerns about this provision? _____
If yes, please explain: _____

13. **GOALS AND EXPECTATIONS**

Please attach a personal statement summarizing your career goals and why you are applying to The Black Rep's Professional Intern Program:

REFERENCES

List three (3) references, including name, title, address and telephone number:

1. Someone who can speak on behalf of your *educational* background.

Name _____
Title _____
Address _____
Telephone Number _____

2. Someone who can speak on behalf of your *artistic, administrative, or technical ability*.

Name _____
Title _____
Address _____
Telephone Number _____

3. Someone (not a relative) who can speak on behalf of your *character as an individual*.

Name _____
Title _____
Address _____
Telephone Number _____

Applicant's Signature

Date

*(For all applicants under 21 years old, at the time of application.)

Parent/Guardian Signature is required: _____

Relationship to the applicant: _____

Telephone Number: (_____) _____

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Note: Make a copy of this completed application to keep on hand for your files.