



HAMILTON-GIBSON PRODUCTIONS

Community Performing Arts

29 WATER STREET • WELLSBORO, PA 16901

RESERVATIONS: 570-724-2079 • EMAIL: HAMGIB@GMAIL.COM • WEB: WWW.HAMILTONGIBSON.ORG

HG Summer Intern Application

Name _____ DOB _____ Date of Application _____

Address _____

Telephone _____ email _____

If a college student, current year and name of school (You must be at least age 18 & a HS graduate)

If employed, current employment status (employer, job situation)

Date you could be available to begin work with HG: _____

Final date you could be available for work with HG _____

Do you have access to a vehicle? _____

Would you plan to have other employment during the summer? _____

If so, describe the hours (basic schedule) you plan to work with the other employer

Is there any physical condition that would prohibit you from any particular work? If so, describe the condition and what you cannot do.

What special skills/talents would you be willing to offer HG? _____

What especially would you like to work on this summer? Any particular projects? Any particular

List three possible activities/concentrations that could be ideas for use in the summer theatre arts camp for kids. (Use back of sheet.)

Please include anything else you would like us to consider on the back of this sheet or on another page.

Please return to Hamilton-Gibson Productions, 29 Water Street, Wellsboro, PA 16901

Please include a resume and/or clearances if you have them.

email: hamgib@gmail.com