



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

Date of Application _____

Name _____ DOB _____

Address _____

Telephone(Home and cell) _____ email _____

If a student, current year and name of school _____

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 duties? _____

List three possible activities/concentrations that could be ideas for use in the summer theatre arts camp for kids. _____

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

If you have had PA Criminal Record Check, Child Abuse Clearances and/or FBI Background check in the last 12 months, please submit them with your application.

If you are selected for this internship we will need to complete these checks if you do not already have them. Please return this form, three personal or professional references and resume to

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