

# Consent Form/Internship Authorization

## Guardian Consent

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

(Person seeking Internship)

Legal Guardian's Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Contact Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Best time to contact: \_\_\_\_\_

Emergency Contact Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I have read the INTERNSHIP Program materials provided. I am aware that I may ask questions regarding the production and the learning activities in which the applicant will be involved at any time throughout the process. I am aware that I am encouraged to accompany the applicant to the theatre for the initial interview and will be allowed time to make inquiry of the Executive Director, Production Director and other designers involved at that time also.

By my signature below, I consent to the applicant being involved in the production discussed.

\_\_\_\_\_  
Guardian Signature Date

## High School Internship Requirements

If this internship is a requirement of a High School academic program or for any academic credit, please have the instructor responsible for this program complete the following:

Name of School: \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Instructor's Telephone/Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please indicate (or attach) specific goals or learning areas that are required or suggested for this student's internship program. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If there are specific hour requirements, please indicate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Instructor's Signature Date