



Albany Center Gallery

488 Broadway, Albany, NY 12207 (518) 462-4775

Internship Application Form

Please attach a copy of your resume.

Name: _____

Address: _____

Email: _____

Phone: _____

EDUCATION

Last School Attended: _____

Major (if applicable): _____

Freshman Sophomore Junior Senior Grad Student Graduation Year: _____

Areas of Interest (Check all that apply):

Development/Grants Business/Office Operations Special Events & Programs

Marketing Curatorial & Gallery Exhibitions

Other:

Semester: Summer Fall Spring Year: _____

Availability: The Albany Center Gallery is open Tuesday – Saturday from 12pm to 5pm.

	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours (Between 12pm – 5pm)					



Skills & Strengths:

Personal Interests/Goals:

References:

Please list one professional reference (employer, professor, etc.) and one personal reference (not a family member).

Professional:

Name: _____ Occupation: _____

Relationship: _____ Phone Number: _____

Email: _____

Personal:

Name: _____ Occupation: _____

Relationship: _____ Phone Number: _____

Email: _____

Additional Information:

Do you plan to earn academic credit if accepted? Yes ___ No ___

If yes, please list the contact information of your academic advisor:

Name: _____

Address: _____

Phone: _____

Email: _____

How many credits will you earn for this internship? _____

How many hours per week will you need for credit? _____

Are you available to work evening events on occasion? ___ Yes ___ No