

## **Albany Center Gallery**

488 Broadway, Suite 107 Albany, NY 12207 518-462-4775

www.albanycentergallery.org director@albanycentergallery.org

## **Intern Application Form**

Please attach a copy of your resume.

Name:					
Address:					
City:	State: Zip:			_	
Email:	·				
Phone #:					
Areas of Intere	est (Check all tha	at apply) :			
Developme	ent/Grants	Marketing/Publi	c Relations	_ Business / Fir	nance
Office Ope	rations Cur	atorial & Gallery	Exhibitions	Special Event	s & Programs
Semester: S	pring Sumr	mer Fall	Year:		
Availability: Al	bany Center Ga	llery is open Tue	esday - Saturday	from noon to 5	p.m.
	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours					
·	le to work for ev			_	Yes No
Personal Intere	ests & Goals: _				

References:							
Please list one professional reference (employ	ver, professor, etc.) and one personal reference						
(not a family member).							
Professional:							
Name:	Occupation:						
Relationship:	Phone number:						
Email:							
Personal:							
Name:	Occupation:						
Relationship:	Phone number:						
Email:							
Education:  Last School Attended:							
Major (if applicable):							
FreshmanSophomoreJuniorSeniorGrad Student Graduation Year							
Additional Info:							
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?							

Additional Notes: