



Albany Center Gallery
488 Broadway, Suite 107
Albany, NY 12207
518.462.4775

www.albanycentergallery.org
operations@albanycentergallery.org

Intern or Volunteer Application Form

Name: _____

Address: _____

Email: _____

Phone #: _____

Areas of Interest (Check all that apply) :

___ Development/Grants/Fundraising ___ Marketing/Public Relations ___ Business / Finance
___ Operations/Clerical/Admin ___ Curatorial & Exhibitions ___ Special Events & Programs

Ideal start date: _____

End date:(if known) _____

Availability: Albany Center Gallery is open Tuesday - Saturday from noon to 5 p.m.

	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours					

**Please note, we prefer if folks are available for full "shifts" (ideally 11:45 - 5:15 p.m.)*

Are you available to work for events occasionally on nights and weekends? ___ Yes ___ No

this would especially be for Artists' Receptions on some Friday evenings

Skills & Strengths (that are applicable): _____

Why are you interested in getting involved with ACG? (Share any personal goals): _____

(This page for internships only)

Semester: ☐ Spring ☐ Summer ☐ Fall Year: _____

References:

Professional:

Name: _____ Occupation: _____

Relationship: _____ Phone number: _____

Email: _____

Personal:

Name: _____ Occupation: _____

Relationship: _____ Phone number: _____

Email: _____

Education:

Last School Attended: _____

Major: _____

☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Grad Student

_____ Anticipated 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 and Title: _____

Phone: _____

Email: _____

How many credits will you earn for this internship? _____

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

Anything else you'd like to share:
