



The *Michael Riney Internship Program* provides theater workforce experience to early-career artists and arts managers. Actors Co-op knows that helping to prepare and support the next generation of theatre leaders is essential to sustaining the ongoing health of our organization and our art form.

Actors Co-op is a company of Christian actors driven by passion for the Lord Jesus Christ. We are dedicated to pursuing the highest standards of theatrical excellence and to building up our members spiritually, personally and professionally in order to be an outreach of Christ's hope. While members of the company are all Christian, Christianity is not a requirement for Internship Applications.

PLEASE NOTE: All internships require a PDF résumé and PDF cover letter in addition to the application.

APPLICANT INFORMATION:

Full Name: _____

Which area in the theater would you like to focus on for your internship? (Ex: Stage Management, Technical Theater, Development, Publicity, etc) _____

Are you 18 years of age or older? _____

Will you be able to perform the essential functions for the internship you are applying for with or without reasonable accommodations? Yes No

If no, describe the internship functions that cannot be performed: _____

REQUIREMENTS:

Please closely review the various internship descriptions via actorsco-op.org/michael-riney-apprenticeship-program/ to ensure you can fulfill the requirements. Note that your answers to these questions cannot be changed if you receive consideration for internships, and providing inaccurate or misleading information below will remove you from consideration.

Please list dates and times you are available on a weekly basis for the duration of your internship:

SCHOOL INFORMATION:

School Name: _____

Enrollment Status: Part time or Full time?

Major: _____

Undergraduate applicants must be currently enrolled at a college, university or technical training institution or have graduated less than one semester before the application due date.

Year in School (*circle*):

First Year, Sophomore, Junior, Senior, 5th-Year Senior Undergraduate Degree, Out of School Less Than 1 Semester

Current G.P.A. _____ Graduation Date _____

INSTRUCTIONS FOR ANSWERING THE FOLLOWING QUESTION REGARDING YOUR CRIMINAL RECORD HISTORY: *All applicants: Do not respond “yes” to the following question for arrests or detentions that did not result in conviction; referrals to, and participation in, any pretrial or post-trial diversion program; marijuana-related convictions more than two years old; convictions for which the record has been judicially ordered sealed, expunged, or statutorily eradicated; convictions that occurred more than ten (10) years ago; misdemeanor convictions for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed; and frst convictions for misdemeanors of drunkenness, simple assault, speeding, minor traffic violations, or disturbances of the peace or misdemeanor convictions where fve (5) or more years have elapsed between the application date and the date of conviction or completion of incarceration, whichever is later.*

Have you been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon or act of dishonesty for which the record has not been sealed or expunged? Yes No

If yes, what was the offense?

Date and place of conviction:

NOTE: Conviction record will not necessarily be a bar to participation. Factors such as age at the time of the offense, type of offense and relevance to the internship for which you are applying, seriousness and nature of offense and rehabilitation will all be taken into account.

How did you hear about the *Michael Riney Internship Program* or *Actors Co-op*? (*please check all that apply*)

From a Professor

College/University Email

Campus Presentation

Google or online search

School career website

Other (please specify) _____

Please provide us with two professional/personal references including:

Name:

Contact Phone or Email:

Years worked together:

Relationship:

Name:

Contact Phone or Email:

Years worked together:

Relationship:

Actors Co-op Michael Riney Internship Program Application
AGREEMENT OF APPLICANT CERTIFICATION, AUTHORIZATIONS AND UNDERSTANDING OF INTERNSHIP RELATIONSHIP.

_____ (*please initial*) I certify that the above information is true and correct and I have not withheld any information that might adversely affect my chances for an internship and that my answers given by me are true and correct to the best of my knowledge.

I further certify that I, the undersigned applicant, have personally completed this application. _____ (*please initial*)

I understand that the intern selection process will be terminated, or in the event of my internship at Actors Co-op, I shall be subject to dismissal, if any information that I have given in this application, in any résumé or interview or any part of the selection process is false or misleading or if I have failed to give any information herein requested, or if I have withheld relevant information, regardless of the time elapsed after discovery. _____ (*please initial*)

I authorize Actors Co-op to inquire into my educational, professional and past history references as needed to research my qualifications for this internship. I hereby give my consent to any former employers or educational institutions to provide employment-related or educational-related information about me to Actors Co-op and will hold Actors Co-op and my former employers and former educational institutions harmless from any claim made on the basis that such information about me was provided or that any internship decision was made on the basis of such information. _____ (*please initial*)

I understand that nothing in this internship application, the granting of an interview or my subsequent internship with Actors Co-op is intended to create a contract between myself and Actors Co-op under which my internship could be terminated only for cause. On the contrary, I understand and agree that, if selected for an internship, my internship will be terminable at will and may be terminated by Actors Co-op or me at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

Applicant mailing address (*during internship period*): _____

Contact Phon: _____

E-mail address: _____

The information contained in this application, including all attachments, is true and accurate to the best of my knowledge.

I certify that I meet all eligibility requirements for this internship.

Typed/Printed - Name of Applicant: _____

Date: _____

Signature of Applicant (Electronic Signature Accepted) : _____