



MONTALVO  
ARTS CENTER

# INTERN/ADMINISTRATION VOLUNTEER INFORMATION

Please print all information clearly. One form per person, please. Photocopies are acceptable.

**Please attach your resume and a letter of recommendation from someone who knows you academically or professionally and return to Volunteer Resources.**



## PERSONAL INFORMATION

Dr.  Mr.  Miss  Ms.  Mrs. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

I prefer to be called by the name: \_\_\_\_\_ Date of Birth (MM/DD): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Year required for applicants under age 18 only)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: ( \_\_\_\_\_ ) Evening Phone: ( \_\_\_\_\_ )

Email: \_\_\_\_\_ CDL#: \_\_\_\_\_ Expires (MM/YY): \_\_\_\_\_

## EDUCATION, INTERESTS AND SKILLS

Name of School (or Employer): \_\_\_\_\_

Field of Study: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Desired Time Commitment: Start date \_\_\_\_\_ End Date \_\_\_\_\_ Hours per week: \_\_\_\_\_

Describe your area of interest: \_\_\_\_\_

What do you hope to gain from an internship? \_\_\_\_\_

Describe your specific skills and experience relevant to work at an arts center: \_\_\_\_\_

Do you read or speak any foreign languages? \_\_\_\_\_

Do you have any special needs or require special accomodation?  Yes--Please describe: \_\_\_\_\_

## REFERENCES (Please list 2 professional or academic references, including name, title, phone and email)

\_\_\_\_\_

\_\_\_\_\_



I, the undersigned, agree that the information submitted in this form is true and correct to the best of my knowledge. I have received and agree to read the basic internship guidelines. I understand that before I may volunteer I must complete all requirements designated for any given volunteer assignment. I also understand that volunteer service with Montalvo Arts Center is a mutual partnership. Either Montalvo or I may decide to end the partnership at anytime.

**\*\*Volunteers/Interns who will be driving personal or Montalvo vehicles MUST include Driver's License information above, and provide a copy of current insurance. Volunteers under 18 years of age: parent or legal guardian must sign as well.**

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Volunteer Resources Office**

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