**Art Enrichment Internship Application**

**Contact Information**

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| --- | --- |
| First name: |  **\***  |
| Last name: |  **\***  |
| Middle name: |  **\***  |
| Title: |  **\***  |
| Nickname: |  |
|  |  |
| Street 1: |  **\***  |
| Street 2: |  |
| Street 3: |  |
| City: |  **\***  |
| State: |  **\***  Zip:   **\***  |
| Home phone: |  **\***   OK to call me here  |
| Work phone: |   OK to call me here  |
| Cell phone: |   OK to call me here  |
| Email address: |  **\***  |
|  |  |

**Personal Information**

|  |  |
| --- | --- |
| Date of birth: |  **\***  |
| Gender: |  **\***  |
| Marital Status: |  |
| Social security #: |  **\***  |

**Education History**

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| --- | --- |
| Education: |  **\***  |
| School: |  **\***  |
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| **Availability**Please indicate the days and times you would be most interested in completing your internship hours. \*\*Availability to include afternoons is recommended for consideration for internship to best meet needs of patients.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   |  | Mon | Tue | Wed | Thu | Fri |  |   |
| Morning: |  |  |  |  |  |  |  |   |
| Afternoon: |  |  |  |  |  |  |  |   |
|  |  |  |  |  |  |  |  |   |

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| --- | --- |
| I am interested in an internship: |  |
| From: |  **\***  |
| to: |  |
| My internship needs to be X number of hours: |  |

**Emergency Contact**In the event of an emergency whom should we notify?

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| --- | --- | --- | --- |
| First name: |  **\***  |   |    |
| Last name: |  **\***  |   |    |
| Title: |  |   |    |
| Street 1: |  |   |    |
| Street 2: |  |   |    |
| Street 3: |  |   |    |
| City: |  |   |    |
| State: |  |   |    |
| Zip: |  |   |    |
| Home phone: |  **\***  |   |    |
| Work phone: |  |   |    |
| Cell phone: |  |   |    |
| Relationship: |  **\***  |   |    |

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**Employer**Please list your current or most recent employer, if applicable. If you are currently unemployed or a student please type N/A or Student.

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| --- | --- | --- | --- |
| Employer name: |  **\***  |   |    |
| First name: |  |   |    |
| Last name: |  |   |    |
| Title: |  **\***  |   |    |
| Street 1: |  **\***  |   |    |
| Street 2: |  |   |    |
| Street 3: |  |   |    |
| City: |  **\***  |   |    |
| State: |  **\***  |   |    |
| Zip: |  **\***  |   |    |
| Home phone: |  |   |    |
| Work phone: |  **\***  |   |    |
| Cell phone: |  |   |    |
| Email address: |  |   |    |

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**Applicant Screening Questions**

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| --- | --- |
| 1. Tell us a little about yourself and why you are applying to for an internship at St. Louis Children's Hospital? |  |
| 2. Have you had any previous experience doing art activities with a population? If so, where, with whom, and what did you do? |  |

**Applicant Screening Question**

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| --- | --- |
| 3. Describe your experience working or interacting with children. |  |

**Applicant Screening Question**

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| --- | --- |
| 4. If you could create the perfect internship for yourself, what would you be doing?  |  |

**I Agree**I understand and agree that submitting this application form does not automatically register me as a St. Louis Children's Hospital intern, and that there may be certain qualifications I must meet, including the acceptance of established intern policies and procedures before I may begin an internship. Furthermore, I understand that I willhave to be current on immunizations and have completed the Covid-19 initial vaccinations and obtain a flu shotduring flu season, as per BJC policy.By submitting this form, I attest that the information I have provided on the form is true and accurate.

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|  I Agree |  |

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