**Art Enrichment Internship Application**

**Contact Information**

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| --- | --- |
| First name: | **\*** |
| Last name: | **\*** |
| Middle name: | **\*** |
| Title: | **\*** |
| Nickname: |  |
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| 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**

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

**Education History**

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| Education: | | **\*** |
| School: | | **\*** |
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| Top of Form   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **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.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | Mon | Tue | Wed | Thu | Fri |  |  | | Morning: |  |  |  |  |  |  |  |  | | Afternoon: |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | | --- | --- | | 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?   |  |  |  |  | | --- | --- | --- | --- | | First name: | **\*** |  |  | | Last name: | **\*** |  |  | | Title: |  |  |  | | Street 1: |  |  |  | | Street 2: |  |  |  | | Street 3: |  |  |  | | City: |  |  |  | | State: |  |  |  | | Zip: |  |  |  | | Home phone: | **\*** |  |  | | Work phone: |  |  |  | | Cell phone: |  |  |  | | Relationship: | **\*** |  |  |  |  |  | | --- | --- | |  |  |   **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.   |  |  |  |  | | --- | --- | --- | --- | | Employer name: | **\*** |  |  | | First name: |  |  |  | | Last name: |  |  |  | | Title: | **\*** |  |  | | Street 1: | **\*** |  |  | | Street 2: |  |  |  | | Street 3: |  |  |  | | City: | **\*** |  |  | | State: | **\*** |  |  | | Zip: | **\*** |  |  | | Home phone: |  |  |  | | Work phone: | **\*** |  |  | | Cell phone: |  |  |  | | Email address: |  |  |  |  |  |  | | --- | --- | |  |  |   **Applicant Screening Questions**   |  |  | | --- | --- | | 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**   |  |  | | --- | --- | | 3. Describe your experience working or interacting with children. |  |   **Applicant Screening Question**   |  |  | | --- | --- | | 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 will  have to be current on immunizations and have completed the Covid-19 initial vaccinations and obtain a flu shot  during 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.   |  |  | | --- | --- | | I Agree |  | |   Bottom of Form | |  |
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