



New Jersey Arts Incubator, Inc.

**INTERNSHIP/VOLUNTEER
APPLICATION**

www.njai.org
as@njai.org

973-669-0600 phone
973-736-4078 fax

The administration of the New Jersey Arts Incubator is recruiting students at undergraduate and graduate levels, for credit or non-credit study for a ten month part-time internship with the NJAI..

The New Jersey Arts Incubator's mission is the economic development of artists and arts organizations through technical assistance, employment, marketing, programming, performance, and education in an effort to support, sustain, and promote viable arts agencies to act as economic drivers in communities across the State of New Jersey.

QUALIFICATIONS:

A keen interest in art projects that serve the development of artists and community, self motivated, reliable with excellent verbal communication skills, and social media skills. Open to 17+ years of age.

ALL POTENTIAL INTERNS AND VOLUNTEERS ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Date of Application _____

Name _____

Address _____ City _____

State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____

Email Address: _____

Social Security Number: _____

Driver's License Number: _____

AREA OF INTEREST (circle all that apply)

General Administration

Development

Marketing

Gallery

Performing Arts Management

Customer Relations

House/Facilities Management

How did you learn about NJAI?

On what date would you be available to begin? _____

Are you a student?

What school are you currently attending?

Will you be seeing academic credit for your work at NJAI/

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction?

Yes No

Have you ever been convicted of a felony? Yes No

If yes, please describe circumstances: _____

Have you ever been involuntarily terminated or asked to resign from any position of employment? Yes No

If yes, please describe circumstances:

If selected for internship/volunteer are you willing to submit to a pre-employment drug screening test? Yes No

Other training, certifications, or licenses held:

Do you hold, or have you completed, a teaching artist certification or program? If yes, please detail.

List other information pertinent to the employment you are seeking:

EMPLOYMENT

(Most Recent First.)

1. Employer_____

Job Title_____

Dates Employed_____

Prior Position Held within Company (if any): _____

Address_____ City_____

State_____ Zip_____

Phone_____ Job Title_____

Supervisor_____

Salary_____

Duties Performed

Reason for Leaving

2. Employer_____

Job Title_____

Dates Employed_____

Prior Position Held within Company (if any): _____

Address_____ City_____

State_____ Zip_____

Phone_____ Job Title_____

Supervisor_____

Salary_____

Duties Performed

Reason for Leaving

References: Please list your references below.

	Name	Phone	Email
1.			
2.			
3.			
4.			
5.			
6.			

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an engagement decision.

This application for volunteer/internship shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for volunteer/internship beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any volunteer/internship relationship with this organization is of an “at will” nature, which means that the volunteer/intern may resign at any time with 14 days notice, and the Employer may discharge volunteer/intern at any time with or without cause. It is further understood that this “at will” volunteer/intern relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of engagement, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer.

HAVE YOU SIGNED THE LIABILITY WAIVER? YES / NO

HAVE YOU SIGNED THE PHOTO RELEASE DOCUMENT? YES / NO

Signature of Applicant Date

For Office Use:
Received by _____ Date _____
Reviewed by _____ Date _____
Recommended for interview? YES / NO
Other Comments: