

The Venice Institute for Performing Arts

Apprenticeship Program

				App	olican	t Inform	ation			
Full Name:	Lost		Firs	<u>, </u>		Date:				
Address:	Last			FIIS	ľ			M.I.		
Address.	Street Address								Apartment/Unit #	
	City							State	ZIP Code	
Phone:						Email_				
Are you a citizen of the United States? YES NO				If no, a	are you aı	YES NO re you authorized to work in the U.S.?				
Have you ev	ver been convicted c	of a felor	ny?	YES	NO					
If yes, expla	in:									
Do you have	e a drivers license?	YES	NO							
Do you have any theatre YES NO experience?										
					Educ	ation				
High School	l:				Addres	ss:				
From:	To: What GRADE will you be in for the current school year?									
Other:					Addres	ss:				
From:	To:		Did	you gi	raduate	YES	NO	egree/Certifica	ate:	

Availability

Please complete the form below with as much information as possible. This is a part-time position that will require you to work at least one (1) performance each month (when we have performances) and attend paid trainings throughout the year. Attendance is taken very seriously. More than 1 absence will result in a one-on-one meeting with your director supervisor. Continued absences may result in failure to complete the apprenticeship.

·	Availa	<u>ability</u>	Time Restrictions	·
	(if no restric	time	(EX: Monday-(check yes) Time Restriction would be (only after 5 du rehearsals. Friday-(Check no). Can only work Fridays once marchin over.) (Note: Currently enrolled students can work no later than 10:00 PM SunThurs., except on	ng band is
Monday	YES	NO		
Tuesday	YES	NO		
Wednesday	YES	NO		
Thursday	YES	NO		
Friday	YES	NO		
Saturday	YES	NO		
Sunday	YES	NO		
			Background	
			Previous Employment/Volunteering	
Below please p volunteered wit		nformat	tion on previous employment (if applicable) or information on organizations	s that you have
Company:			Phone:	
Address:			Supervisor:	
Job Title:			Starting Salary: \$ Ending Salary: \$	
May we contact	t vour n	evious	YES NO	

Student Behavioral Acknowledgment

Please review the following behavioral requirements. Both applicant and parent signatures are required.

I understand the following behavior is expected of me under the hiring of VIPAM

- To cooperate with fellow apprentices, professionals, artists, etc.
- To accept the responsibility for completing any/all assigned duties.
- To act with the utmost professionalism and poise.
- Respect the property and equipment of the building and all other persons in the building.
- If in office position, keep work place tidy.

Subject:

Signature:

- Understand that being on time means that I am in my position and ready to work.

Full Name
(Applicant):

Signature: Phone:

Full Name
(Parent):

Signature: Phone:

Bignature: Phone:

Disclaimer and Signature

Phone:

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:	Date:	
Oigilataic.	Date.	

Resumé and Cover Letter are required. Please attach to this document.

Please send finished materials via email to erin.blankenship@vipam.org or bring completed packet to the Venice Performing Arts Center Box Office.

****Due no later than August 26th, 2024.