



# The Venice Institute for Performing Arts

## Apprenticeship Program

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First 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, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: \_\_\_\_\_

Do you have a drivers license? YES ☐ NO ☐

Do you have any theatre experience? YES ☐ NO ☐ Explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ What GRADE will you be in for the current school year? \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree/Certificate: \_\_\_\_\_

## 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.*

	<b>Availability</b> (if no time restrictions, select yes on all)		<b>Time Restrictions</b> (EX: Monday-(check yes) Time Restriction would be (only after 5 due to Band rehearsals. Friday-(Check no). Can only work Fridays once marching band is over.)  (Note: Currently enrolled students can work no later than 10:00 PM Sun.-Thurs., except on school breaks.)
Monday	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Tuesday	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Wednesday	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Thursday	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Friday	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Saturday	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Sunday	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

## Background

*On the lines provided below please describe why you are interested in this apprenticeship, and how you will use the information provided in this apprenticeship for your future goals.*

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## Previous Employment/Volunteering

*Below please provide information on previous employment (if applicable) or information on organizations that you have volunteered with.*

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? 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.***
- ***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: \_\_\_\_\_

### References

Please have a signature recommendation from a teacher below:

Full Name

(Teacher): \_\_\_\_\_

Subject: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

### Disclaimer and Signature

*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: \_\_\_\_\_

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

**Please send finished materials via email to [erin.blankenship@vipam.org](mailto:erin.blankenship@vipam.org) OR bring completed packet to the Venice Performing Arts Center Box Office.**

**\*\*\*\*Due no later than August 25<sup>th</sup>, 2025.**