



WATERTOWN CHILDREN'S THEATRE
INTERNSHIP APPLICATION FORM

Please print all information clearly.



Office Use Only
DB Card _____
DB Reg _____
PMT _____
Conf. _____

INTERN INFORMATION

Intern First Name _____ Last Name _____ Gender _____

Current Grade _____ School _____ Where did you hear about WCT? _____

Primary phone _____ Secondary Phone _____ Email _____

Rehearsal or production photos may be used for publicity purposes. If you have any concerns, please contact publicity@wctmail.org

PARENT/GUARDIAN 1

Parent/Guardian Name _____ Relationship _____

Street Address _____ City _____ State _____ Zip _____

Primary phone _____ Secondary Phone _____ Email _____

PARENT/GUARDIAN 2

Parent/Guardian Name _____ Relationship _____

Street Address _____ City _____ State _____ Zip _____

Primary phone _____ Secondary Phone _____ Email _____

INTERNSHIP QUESTIONS

What kind of internship interests you? *(Please check the internship for which you'd like to apply)*

- Teaching Intern Administrative Intern Other

If other, please elaborate:

Are there any particular programs that you would like to work on?

What experience do you have working with kids?

Why do you want to become a part of the WCT team?

What is your availability, both weekdays and weekends?

What else would you like to tell us that is not included elsewhere in this application?

EMERGENCY INFORMATION

Intern Name _____
Last First

Parent/Guardian 1 _____ Primary Phone _____ Secondary Phone _____

Parent/Guardian 2 _____ Primary Phone _____ Secondary Phone _____

IF ABOVE LISTED PARENT/GUARDIAN(S) CANNOT BE REACHED, PLEASE CONTACT THE FOLLOWING:

Name _____ Relationship _____ Phone(s) _____

Name _____ Relationship _____ Phone(s) _____

Please specify any medical conditions, including **severe allergies** or **need for Epi-Pen**:

NOTE: An *Authorization to Administer Epinephrine and Release of Liability Form* **MUST** be completed by any parent whose child has been prescribed epinephrine and who requests that an epi-pen be administered by WCT program staff. This form can be obtained at www.watertownchildrenstheatre.org or from the WCT office.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE AND RELEASE OF LIABILITY

In the event of a medical emergency, including accident or sudden illness, I, the undersigned parent or legal guardian of the participant named on this form (“Child”) hereby give permission to Watertown Children’s Theatre/arsenalARTS to seek medical treatment for my Child from the closest appropriate medical practitioner or hospital available and to arrange necessary related medical transportation.

Should medical attention be required to care for my Child beyond that provided by the program staff, I agree to pay any expenses incurred. I understand that all reasonable efforts will be made to contact me or the listed emergency contacts in the case that medical attention will become necessary.

I hereby absolve Watertown Children’s Theatre and the Arsenal Center for the Arts, including all employees, officers and trustees from all liability and will not hold them responsible for injury incurred to the above registered person. I hereby give my approval to the person’s participation in this activity.

**I, the undersigned, have read, understood, and agree to the
AUTHORIZATION FOR EMERGENCY MEDICAL CARE AND RELEASE OF LIABILITY
and TRANSPORTATION RELEASE information listed on this form.**

Parent/Guardian Name _____ Relationship _____

Signature _____ Date _____

Intern Signature _____ Date _____

TRANSPORTATION RELEASE (Optional)

I, the undersigned parent or legal guardian of the participant named on this form (“Intern”) give permission for my child to be transported to and from the Arsenal Center for the Arts’ and any other locations required of this internship by the Watertown Children’s Theatre staff and Arsenal Center for the Arts staff.

Parent/Guardian Name _____ Relationship _____

Signature _____ Date _____

Please send this application, along with a resumé (optional) to meghan@wctmail.org. Applications will be reviewed on a rolling basis, with preference given to those who have submitted by the registration date for their program of interest.

321 Arsenal Street, Watertown, MA 02472 (2nd floor mezzanine)
617-926-ARTS • www.watertownchildrenstheatre.org