



INTERN FORM

Please complete this form and return it to us via e-mail or US Mail

Date: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

I am interested in an internship that will provide experience in:

I am interested in an internship during the following time period:

Tell us about yourself – any special skills, interest, the work you're interested in and **why you think Art Connects New York** would be the right place for you to intern:

Along with the completed form, please include:

- A current resume
- Any additional information (in PDF or Word format) that you think will be helpful to us.

E-Mail Submission

Please complete and e-mail it this form to interns@artconnectsnewyork.org and include PDFs of any additional information you think would be helpful to us.

US Mail Submission

If you prefer, print out and complete the form and mail it along with any additional information to:

Art Connects New York
Attention: Volunteer Coordinator
491 Broadway, 5th Floor
New York, New York 10012

We thank you for your interest and hope to work with you!

491 Broadway 5th Floor New York, New York 10012 646.546.5334
acny@artconnectsnewyork.org www.artconnectsnewyork.org