

2009 Bates Dance Festival Internship Application Form

Please enclose a brief cover letter articulating your goals and expectations for the internship, a resume documenting relevant work experience, and two letters of reference with phone numbers. All materials must arrive under one cover. **Receipt Date extended to February 27.** Mail to: Internships, Bates Dance Festival, 163 Wood St., Lewiston, ME 04240-6016.

First Name _____ Last Name _____ Age _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email _____

Social Security Number _____

Emergency Contact Name/Phone _____

I am applying for: ___ Tech Production___ Videography___ Arts Admin ___ Dance Education

Certificate of Completion

Interns may receive a certificate of completion for their internship. Records will be kept at the Bates Dance Festival and students may request they to be sent at any time to a Registrar's office or Department Head for transfer. A \$20.00 service fee is required and may be paid upon arrival. If you are interested in the service, please list below where you would like the certificate to be sent.

Attention _____ School name _____

Street Address _____

City _____ State _____ Zip _____

Liability Agreement

I agree that I will not hold the Bates Dance Festival, Bates College, off campus sites (Lewiston Middle School and New Life Center) or any faculty member or employee of either liable for injuries sustained or illnesses contracted by me while a participant in a Bates Dance Festival program. I agree to indemnify the Bates Dance Festival and its employees for all liabilities, costs, and judgments arising from acts or omissions of the undersigned that result in injury or damage to any person or party. I further agree that I will not hold the Bates Dance Festival or Bates College responsible for the loss or damage of personal property while in attendance. **I agree to abide by all Bates College regulations and to be financially responsible for lost or damaged Bates College property during my residency.** I have read and understand the refund policy and agree that I am only entitled to a refund in accordance with this policy.

Intern Signature _____

Date _____