

Lara Giordano
 Education Director
 Lindsey Wolkowicz
 Assistant Director



info@drawkingston.org
 845-633-0815
 drawkingston.org

PUGG/D.R.A.W. VOLUNTEER INTERNSHIP APPLICATION

The D.R.A.W.
 20 Cedar Street | Kingston NY 12401

PERSONAL INFORMATION Please print clearly.

LAST NAME	FIRST NAME	AGE	DATE OF BIRTH
STREET		HOME PHONE NUMBER	CELL PHONE
CITY/STATE/ZIP		EMERGENCY CONTACT NAME	PHONE NUMBER
EMAIL ADDRESS		RELATIONSHIP OF EMERGENCY CONTACT	
PRIMARY PARENT/GUARDIAN NAME		SECONDARY PARENT/GUARDIAN NAME	
PRIMARY PARENT/GUARDIAN'S HOME PHONE	CELL PHONE	SECONDARY PARENT/GUARDIAN'S HOME PHONE	CELL PHONE
PRIMARY PARENT/GUARDIAN'S EMAIL ADDRESS		SECONDARY PARENT/GUARDIAN'S EMAIL ADDRESS	
DO YOU HAVE WORKING PAPERS (UNDER 18)? Please check one \ YES \ NO		DO YOU HAVE A PHOTO ID (18 AND OVER)? Please check one \ YES \ NO	

CURRENT OR PREVIOUS EMPLOYMENT/VOLUNTEER INFORMATION

COMPANY NAME	IMMEDIATE SUPERVISOR'S NAME
STREET/CITY/STATE/ZIP	PHONE NUMBER
JOB TITLE (Cashier, Stock, clerk, etc.)	DATES OF EMPLOYMENT
RESPONSIBILITIES	

SCHOOL YEAR TRAINING/WORK SCHEDULE / AVAILABILITY

Please list the hours you can work during a typical weekly schedule.

Please check applicable box: \ Fixed schedule \ Schedule will vary

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

SPORTS, CLUBS AND OTHER ACTIVITIES

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TRANSPORTATION Please check the appropriate response.

DO YOU HAVE A DRIVER'S LICENSE? \ YES \ NO	IF YES , WHICH LICENSE DO YOU HAVE? \ FULL LICENSE \ JUNIOR LICENSE LICENSE NUMBER _____
DO YOU DRIVE TO SCHOOL? \ YES \ NO	IF YES , BE SURE TO REGISTER YOUR CAR WITH THE SECURITY OFFICE.
IF YOU DO NOT HAVE A LICENSE, HOW DO YOU PLAN ON GETTING TO AND FROM WORK?	YOUR RESPONSE: PUBLIC TRANSPORTATION OR OTHER (Check below): \ BUS \ CITY BUS \ OTHER _____

BRIEFLY DESCRIBE YOUR CAREER AMBITIONS

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OCCUPATIONAL LIMITATIONS

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DO YOU SPEAK ANOTHER LANGUAGE? \
NO \
YES _____

REFERENCES

NAME	POSITION	PHONE NUMBER
NAME	POSITION	PHONE NUMBER
NAME	POSITION	PHONE NUMBER

SELF-ASSESSMENT

Please indicate how you would evaluate yourself on the following factors.

	NEEDS IMPROVEMENT	SATISFACTORY	STRONG
Ability to communicate with others			
Flexibility			
Punctuality			
Attendance			
Dress in a professional manner			
Dependable			
Writing skills			
Computer skills			
Comfortable to ask for help			

Please attach a print out of your school schedule and transcript.
You may request this information from your guidance counselor.

COUNSELOR'S NAME _____



Parental Consents: The Department of Regional Art Workers (The D.R.A.W.) and Pop Up Gallery Group (P.U.G.G.) of the Kingston Midtown Arts District (MAD) RELEASE FORMS

Leading and Learning Through the Arts

Lara Giordano
Executive Director
lara@drawkingston.org

PO Box 2892
Kingston NY 12402

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Medical Release

I, _____, give permission for my child _____, to receive emergency medical treatment in the event of injury or illness while interning, working, or volunteering at or for The D.R.A.W/PUGG/MAD, including transportation by ambulance to the hospital when needed. I take full responsibility for any financial consequences for this medical treatment. Accidents and injuries sometimes occur during interning or volunteering activities. The D.R.A.W/PUGG/MAD cannot be held responsible for medical expenses due to injuries caused during these activities.

Parent/Guardian Signature _____ Date: _____

Photography release

I hereby grant The D.R.A.W/PUGG/MAD permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of The D.R.A.W/PUGG/MAD and will not be returned.

I hereby irrevocably authorize The D.R.A.W/PUGG/MAD to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge The D.R.A.W/PUGG/MAD from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:

Participant Name: _____

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(Must be signed for anyone under the age of 18 years)

Transportation release (for Workforce Development students ONLY)

I, _____, give permission for my child _____, to be transported via bicycle, public transportation, walking, or vehicle, as appropriate as part of the arts education and job training programming to participate in off-site activities and/or field trips to art-related businesses or learning opportunities. The D.R.A.W/PUGG/MAD cannot be held responsible for injuries that occur during these activities, nor will they be held responsible for medical expenses due to injuries caused during these activities.

Parent/Guardian Signature _____ Date: _____

The D.R.A.W. offers quality visual arts programming to the City of Kingston under the MAD umbrella.



madkingston.org

Kingston Midtown Arts District is a 501(c)(3) Corporation