

Please fill out and return to Sarah Higgins.  
 Atlantic Center for the Arts Community Arts Center at Harris House  
 214 S. Riverside Drive, New Smyrna Beach, FL 32168  
 386.423.1753 [shiggins@atlanticcenterforthearts.com](mailto:shiggins@atlanticcenterforthearts.com)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

This address is current until \_\_\_\_\_

Person to notify in case of an emergency \_\_\_\_\_

Phone(\_\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

College/University \_\_\_\_\_ City, State \_\_\_\_\_

Education/Degree \_\_\_\_\_ Earned/Graduation \_\_\_\_\_

Dates of Internship \_\_\_\_\_ to \_\_\_\_\_

How did you learn about the internship program? \_\_\_\_\_

Please circle the type(s) of internship you would like (all that apply):

Residential                  Non-residential                  Documentation                  College Credit

If you are staying in ACA housing, do you have any special needs? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ Will you have a car while you are here? \_\_\_\_\_

**Travel Information:**

Date of Arrival \_\_\_\_\_ Time \_\_\_\_\_ Flying/Driving \_\_\_\_\_

Airport \_\_\_\_\_ Airline \_\_\_\_\_ Flight # \_\_\_\_\_

Date of Departure \_\_\_\_\_ Time \_\_\_\_\_

**If you need assistance with transportation, please contact us prior to your internship start date.**