



Avenue Road Arts School

Avenue Road Arts School Internship/Co-operative Education Application Form

Complete and return with your resume and letter of reference
from co-op teacher/supervisor to:

Avenue Road Arts School
c/o Alexa Speagle, Business Administrator
460 Avenue Road
Toronto, ON M4V 2J1
Fax: 416-961-2677

Name: _____

Address: _____

City/Prov.: _____ Postal Code: _____

Phone: _____ Email: _____

School/Institution Attending: _____

Name of co-op teacher/supervisor: _____ Phone: _____

Area of study/major: _____

Estimated Graduation Date: _____ Age: _____

Describe the details of your school's co-op/placement program structure (number of hours, length of placement, etc.):

Why are you interested in a co-op/internship placement with the Avenue Road Arts School?

Describe your experience working with children and/or the arts:

Areas of interest (check all that apply):

Visual Arts

Drawing & Painting

Mixed Media

Pottery

Other: _____

Performing Arts

Drama

Musical Theatre

Other: _____

Requested Work Term

Suggested Start date: _____

Suggested End date: _____

Number of hours: _____

Hours of availability:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

References

1. Name: _____ **Position:** _____

Relationship to applicant: _____ **Phone:** _____

2. Name: _____ **Position:** _____

Relationship to applicant: _____ **Phone:** _____

Agreement

I understand that all co-op/internship placement students are subject to an interview process before a position can be offered.

Upon accepting a co-operative work term, I recognize my responsibility to perform all tasks assigned to me to the best of my ability, to meet all the standards and conditions of my placement, and to abide by the work schedule established by the Avenue Road Arts School.

I agree to notify the Avenue Road Arts School of any significant changes in my status that would have a direct effect on my performance as a participant of the co-op program.

I confirm that the information I have given in this application, resume and cover letter is true and correct, otherwise my program or placement may be changed or delayed.

I accept that the Avenue Road Arts School requires me to have a criminal record check prior to offering me a placement and agree to pay the \$25 fee.

Signature: _____ **Date:** _____