



performance
education
museum of masks & puppets
community

APPRENTICESHIP APPLICATION

Name: _____ Age: _____

(First Middle Last)

Street Address: _____

City, State, Zip Code: _____

Phone Numbers: (____) _____ (____) _____ (____) _____

(Home) (Work) (Cell)

Email: _____

AVAILABILITY:

Days :

Hours Available:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

What date are you available to start? _____

EDUCATION:

Name and Address Of School - Degree/Diploma - Graduation Date

Skills, Interests and Experience:

Why are you interested in this Apprenticeship?:

