



Islamic Resource Group  
3055 Old Hwy 8, #101-G  
St. Anthony, MN 55418  
(612) 460-0165  
www.irgmn.org  
irg@irgmn.org

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## Art Internship Application

|  |                          |
|--|--------------------------|
| <b>Name:</b>   |                          |
| <b>Address:</b>  |                          |
| <b>City, State, Zip Code</b>   |                          |
| <b>Telephone (home):</b>   | <b>Telephone (work):</b> |
| <b>Email:</b>  | <b>Cellular:</b>         |
| <b>Do you have any specific art skills, specific styles, or preferred mediums?</b>   |                          |
| <b>What type of art would you like to specialize in (i.e. Islamic art, exhibits, photography, videos, or digital art)?</b> |                          |
| <b>What past experiences have you had with art?</b>  |                          |
| <b>What education or specific experiences do you have related to art?</b>  |                          |

**Do you have any published work that show your art skills (please write URL or attach as a separate document)?**

**Are there any specific issues that you are passionate about?**

**Emergency Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Pertinent health information you would like us to know about

\_\_\_\_\_

**Employment in last three years (if applicable):**

Current Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Past Employer: \_\_\_\_\_

Position: \_\_\_\_\_

**Education**

High School/GED: \_\_\_\_\_

College/University: \_\_\_\_\_

Special Training: \_\_\_\_\_

How did you hear about volunteer opportunities with IRG? \_\_\_\_\_

Why are you particularly interested in interning with IRG? \_\_\_\_\_

Previous and current involvement in community organizations? \_\_\_\_\_

| <b>Availability</b> | <b>MON</b> | <b>TUES</b> | <b>WED</b> | <b>THURS</b> | <b>FRI</b> | <b>SAT</b> | <b>SUN</b> |
|---------------------|------------|-------------|------------|--------------|------------|------------|------------|
| <b>AM</b>           |            |             |            |              |            |            |            |
| <b>PM</b>           |            |             |            |              |            |            |            |

NUMBER OF HOURS PER WEEK: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

SCHEDULE VALID UNTIL:

### References

| <b>Name</b> | <b>Relationship</b> | <b>Phone</b> | <b>Email</b> |
|-------------|---------------------|--------------|--------------|
| 1. _____    | _____               | _____        | _____        |
| 2. _____    | _____               | _____        | _____        |
| 3. _____    | _____               | _____        | _____        |

### Resume

Please attach your resume as a separate document or copy and paste below.

## Background Check Consent Form

I authorize IRG to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, law enforcement agencies at the federal, state (including the MN Bureau of Criminal Apprehension), or county level, or individuals, relating to my past activities, to supply any and all information concerning my background, and release the same from any liability resulting in providing such information. The information received may include, but is not limited to academic achievement, job performance, attendance, driving history, and criminal history records.

If currently employed:                     Yes, my current employer may be contacted.  
    No, my current employer may not be contacted.

I understand that a consumer report may be prepared summarizing this information. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics and/or mode of living.

By my signature below, I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may result to me because of compliance with this authorization and request to release information or any attempt to comply with it.

I hereby certify that all the statements and answers set forth on my application form and/or my resume are true and complete to the best of my knowledge. I understand that if subsequent to employment or appointment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of employment or appointment make by IRG.

I am willing that a photocopy of this authorization be accepted with the same authorization as the original and this release expires one year after the date of origination.

***Note: The following information is provided voluntarily and IS NOT considered as part of your application. It is used only for identification purposes in verifying information on your Application. PLEASE PRINT CLEARLY.***

\_\_\_\_\_  
Last name, First Name, Middle Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
List any other names used

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Drivers License #

\_\_\_\_\_  
State of License

\_\_\_\_\_  
Expires On

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

List any other Cities and States in which you lived during the last 7 years:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_