



# STUDENT PLACEMENT APPLICATION FORM

Thank you for your interest in completing a student placement with Young People’s Theatre. Please return your completed application form and a copy of your résumé to **Karen Gilodo, Associate Artistic Director, Learning** at [kgilodo@youngpeopletheatre.org](mailto:kgilodo@youngpeopletheatre.org).

YPT strongly supports and values diversity. Applications from all interested candidates are welcome, and people with disabilities and individuals from equity-seeking groups are encouraged to apply. Accommodations are available upon request for candidates taking part in all aspects of the interview, selection and placement process.

Due to the nature of our business, a condition of engagement may require YPT to have on file an acceptable Vulnerable Sector Police Records Check. Students also agree to abide by YPT’s Child Safety Code of Conduct.

\*Denotes a required question. Your application will not be submitted until all of these fields are completed.

## PERSONAL INFORMATION \*

|                  |
|------------------|
| Name of Student: |
| Address:         |
| Email:           |
| Phone Number:    |

## EDUCATIONAL INFORMATION \*

|                                    |
|------------------------------------|
| Name of School/Institution:        |
| Program of Study:                  |
| # Years to Complete:               |
| Expected Month/Year of Completion: |

## PLACEMENT REQUEST INFORMATION

| Term*  | Proposed Start Date | Proposed End Date | Total Number of Hours Required |          |        |
|--|---------------------|-------------------|--------------------------------|----------|--------|
| <input type="checkbox"/> Fall (September – December)<br><input type="checkbox"/> Winter (January – March)<br><input type="checkbox"/> Spring (April – June)<br><input type="checkbox"/> Summer (July – August) |                     |                   |                                |          |        |
| Indicate the Hours and Days of the Week Available  | Monday              | Tuesday           | Wednesday                      | Thursday | Friday |
|  |                     |                   |                                |          |        |
| Name of Academic Contact: *  |                     |                   |                                |          |        |
| Email: *   |                     |                   |                                |          |        |
| Phone Number:  |                     |                   |                                |          |        |

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## TELL US MORE:

*Please elaborate on your interest in completing a placement at YPT. \**

- Why you want to undertake a placement with YPT
- How your educational experience have prepared you for this placement
- The skills and experience you expect to gain during a placement with YPT
- Your placement goals
- Any other relevant experience

*What do you hope to get out of this experience?*

## ATTACHMENTS:

When submitting, please also include your current résumé.

For YPT Administration

Date application received: \_\_\_\_\_

Decision on application: \_\_\_\_\_ Program: \_\_\_\_\_