



## ALP Host Application for Intern

**HOST ORGANIZATION CONTACT INFORMATION:**

Name of Organization: **Institute for Music Leadership, Center for Music Innovation and Engagement**

Name & Position of main contact for Host re: Internships: Michael Reed

Address – Street: 26 City: Gibbs Street State: NY Zip: 14604

Phone Number: 274-1092 E-mail address: mreed@esm.rochester.edu

**HOST ORGANIZATION RESOURCE AND HISTORY:**

Please provide some general information on your organization by referencing a web address (or **attaching a brochure or short description if that is not available**). This information should help ALP and the interns identify your organization’s mission and accomplishments in the community.

Web site address for host organization: <http://www.esm.rochester.edu/iml/entrepreneurship>

Have you worked with an intern before? When? What type of internship?

Yes, and ALP intern this year for the same position.

Why do you want to work with an intern now?

We have a need that presents a great learning opportunity for a student.

**POSITION DESCRIPTION:**

Please complete and attach an “Internship Job Description” form for each internship.

| <u>Position Title</u> | <u>No. of<br/>interns<br/>desired for<br/>this position</u> | <u>Summer</u>                       | <u>Fall</u>                         | <u>Spring</u>                       |
|-----------------------|---|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. CMIE Intern        | 1   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.                    |   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3.                    |   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4.                    |   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5.                    |   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6.                    |   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

**APPLICATION PROCEDURE:**

Please indicate how you would like to find out about candidates interested in your internship positions (check all that apply)

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> ALP Application Form | <input checked="" type="checkbox"/> Résumé | <input type="checkbox"/> Cover Letter     |
| <input type="checkbox"/> Telephone Interview             | <input type="checkbox"/> Live Interview    | <input type="checkbox"/> Writing examples |
| <input type="checkbox"/> Other _____                     |  |   |

Form Completed by: Michael Reed Date: 2/1/12

