

Agora Gallery Internship Application



CHELSEA, New York City
212-226-4151 Fax:212-966-4380
WWW.AGORA-GALLERY.COM
WWW.ART-MINE.COM

Contact Information:

Name _____

Address _____

City _____ State _____ Zip _____

Country _____

Email _____

Telephone _____ Fax _____

Education:

School Name and Location: _____

Degree/Date: _____

Major: _____

Are you requesting that your college grant you credit for your internship? _____

References :(include contact info of professor or advisor overseeing the internship.)

Name: _____ Phone: _____ Email _____

Title/ Relationship: _____

Name: _____ Phone: _____ Email _____

Title/ Relationship: _____

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**Employment History (Includes paid, volunteer,
and intern positions):**

Most Recent Employer: _____

Telephone Number: _____

Address: _____

Supervisor (Name & Title): _____

Position Title: _____

Start Date: End Date: _____

Description of duties _____

Employer: _____

Telephone Number: _____

Address: _____

Supervisor (Name & Title): _____

Position Title: _____

Start Date: End Date: _____

Description of duties _____



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Skills:

(Please list any special skills including technical skills, other languages, etc.)

Preferred Internship Dates:

Minimum internship period is three (3) months, three (3) days a week and eight (8) hours a day .

We will try to consider your preferred dates but please keep in mind that we have a limited number of internship positions available.

You are welcome to request a period that is longer then three months.

There is no composition for internship and we do not sponsor visas.

Please do not apply if you cannot meet these terms.

Preferred Dates: _____ Year: _____

I Certify that all of the statements in this application are true and complete to the best of my knowledge, I understand that a false of or incomplete answer may be grounds for not considering me or for my dismissal.

Signature: _____

Date: _____