

Internship Application 2025-2026 Season

Applications Due August 30th

Applicant Information

Name (First, Middle, Last)					Birth Date (MM/DD/YYYY)			
Address		Phone Number	Email					
At The Start of the School Year, I Wi FreshmanSophomoreJu College Student Year_		School		GPA				
	inst COVID-19 by the time the	internship starts on August	28th, 20	25 YE	S NO			
What Administrative/Technical Tl	heatre areas are you most intere	sted in (Please rank choices 1-8,	1 being n	nost desi	red)			
Administration	AdministrationSet ConstructionLighting/ElectricsProps Construction							
Marketing	MarketingCostume ConstructionAudio/SoundStage Management							
What show Run Crew positions a								
	rSound Board Ope							
	Flyrail Crew		V					
Do you have an aversion to heigh				YES N	10			
Please list any food allergies	. ,							
Are there any theatrical areas we								
,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
**Please note that when you are shows and 12 noon for matinees completed. Working a crew posi this application, I understand thi Please list any known conflicts the	for most positions and will nee tion for at least three of our mai is requirement and the expectat	d to stay until the show is over a nstage shows is a required elem ions of my time at the theatre.	nd crew ent of th	responsi ne interns	bilities have been			
Please describe your transportati	on to CFRT							
Parent/Guardian Information (If a	applicant is under 18)							
Name	Home Phone Number	Cell Phone Number	Ema	ail				
					_			
		PLEASE READ AND INITIAL						

V1: Updated 6 August 2025



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Have you seen any produ	uctions at CFRT before? If so, wha	it were they, and when?			
Have you volunteered at	: CFRT before? If so, what did you	do, and when?			
Have you volunteered in please describe.	a technical or administrative pos	ition in a theatre or other arts/ent	ertainment group outside of	CFRT? If so,	
·		ould like to mention? Please descri			
How did you hear about	the CFRT Internship Program?				
Website		Teacher		Current Intern	
	(Nar	me)	(Name)		
		ration of your application. Potention family members are not viable ref		are not limited	
Name	Institution	Phone Number	Email		
Name	Institution	Phone Number	Email		
Personal Statement					
-Why do you wa -What are your	a brief, one page statement which ant to be a CFRT Intern goals? T Internship help you with your fo				
		_	Date		
Parent/Guardian Signatu			Date		

Please address all applications and statements no later than August 30th, 2025 to: Cape Fear Regional Theatre, ATTN: Jennifer Sell – PO Box 789, Fayetteville, NC 28302 or edassociate@cfrt.org

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