



RIFF Internship Program

Application 2016-2017

Application Date: _____ for an Internship in (semester) _____ (year) _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Telephone: _____ Fax: _____ e-mail: _____

Date of Birth _____ Social Security Number ____-____-____

Hours Available at RIFF

Mon. _____ Tues. _____ Wed. _____ Thus. _____ Fri. _____

Name of College or University: _____ Major: _____

Internship for intern credit? _____

In which area of study? _____

Faculty/administrative Sponsor _____

Phone _____

GPA _____ Academic honors _____

Special skills _____

Internship Preferences: To give us a better idea of your interest, please list in order of preference the internship positions you would like to serve. These are not binding.

1. _____ 2. _____ 3. _____

Be advised that for security purposes, a background check will be administered on all applicants.

Return application with cover letter and resume to

George T. Marshall
RIFF Intern Program
83 Park Street, Suite 5
Providence, RI 02903

or e-mail to at info@film-festival.org. For more information call (401) 861-4445.