



## 2020 Season Internship Application

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Current university or college: \_\_\_\_\_ Grad year: \_\_\_\_\_

Field(s) of study: \_\_\_\_\_

Position applying for (check one):

Photography       Videography       Operations Management

Circle one:

Are you currently working? Yes/No

Are you authorized to work in the United States? Yes/No

Are you available for the summer term (May-July)? Yes/No

Do you have reliable transportation to our 7 home games? Yes/No

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Please print, fill out and email to [Jordyn@sarasotametropolisfc.com](mailto:Jordyn@sarasotametropolisfc.com)\***