**MIND-BUILDERS**

**CREATIVE ARTS CENTER**

**Dr. Beverly J. Robinson**

**Community Folk Culture Summer 2016 Internship Application**

**PLEASE SUBMIT YOUR *COMPLETE* APPLICATION**

**TO MIND-BUILDERS CREATIVE ARTS CENTER**

**BY 5:00 PM Saturday – June 18, 2016.**

**INTERVIEWS FOR SUCCESSFUL APPLICANTS**

**WILL BE HELD Tuesday, JUNE 14 through Thursday June 22, 2016.**

**ALL CANDIDATES WILL BE NOTIFIED OF ACCEPTANCE INTO THE PROGRAM BY   
Thursday, June 25, 2016.**

**PROGRAM START DATE IS TUESDAY, JULY 5, 2016**

**PROGRAM ENDING DATE IS \*SUNDAY, AUGUST 5, 2016 (\*Family Day)**

**Program meets Tuesdays, Wednesdays, and Thursdays 10 am – 3 pm**

For further information, please contact:

**The Dr. Beverly J. Robinson Community Folk Culture Program**

**Mind-Builders Creative Arts Center**

**Interim Community Folk Culture Director**

George Zavala

**Site Address**

3415 Olinville Avenue,

Bronx, NY 10467

**Contact**

Telephone: (718) 652-6256

Fax: (718) 652-7324

folkculture@mind-builders.org

[www.mind-builders.org](http://www.mind-builders.org)

**MIND-BUILDERS CREATIVE ARTS CENTER**

The **Dr. Beverly J. Robinson Community Folk Culture Program (FC)** is accepting applications from youth 14-21 years old for its summer 2016 season.

Folk Culture is the study of the art, rituals and traditions that permeate our everyday lives. Whether it’s about style, food, music, stories, hobbies or beliefs, interns in the Dr. Beverly J. Robinson Community Folk Culture Program celebrate our heritage. Interns will also research the cultural traditions in your own family & community.

In our program, student interns learn how to interview, videotape, and present folk artists from the community, create blogs, organize photos, edit videos and archive their work.

**Summer 2016 runs for 5 weeks from Tuesday July 5 to \*Sunday August 7, 2016. The program meets Tuesdays, Wednesdays, and Thursdays from 10:00 AM – 3:00 PM each week.**

**Interns will receive a stipend of $300.00 for first year participants and up to $400.00 for returning interns. The stipend is based on participation, completion of assignments, attendance and number of years’ experience in the FC Program**.

This summer we will be continuing with our Art and Social Justice and Art and Healing themes which the Folk Culture Students have been working on during the winter/spring season.

**The FC Program requires dedicated interns who will be on time and present each day, in addition to completing their multi-media assignments.**

Important dates for the FC Program are as follows:

* **The submission deadline for applications is Saturday - June 18, 2016 at 5:00 PM.**
* **First time applicants who submit complete applications by the deadline will be scheduled to be interviewed June 14 through June 22, 2016. Preference is given to the order in which an application is received.**
* **Successful applicants will be informed by Thursday, June 25, 2016.**

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**MIND-BUILDERS CREATIVE ARTS CENTER**

**The Dr. Beverly J. Robinson Program begins at 10:00 AM on Tuesday, July 5, 2016.**

Note: If you hand-deliver the application and we are not in the office, please make sure it gets into the hands of Betsy Hastedt, the General Manager of Mind-Builders, who can be reached at (718) 652-6256.

Sincerely,

George Zavala

Interim Director

Dr. Beverly J. Robinson

Community Folk Culture Program

Mind-Builders Creative Arts Center

3415 Olinville Avenue, Bronx, NY 10467

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***MIND-BUILDERS CREATIVE ARTS CENTER***

***DR. BEVERLY J. ROBINSON COMMUNITY FOLK CULTURE PROGRAM***

***Folk Culture Internship Application***

***Summer 2016***

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

How did you learn of the Folk Culture Program

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apartment #:\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School /College (current):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Level (current):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Favorite Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Interests / Hobbies / Talents / Abilities:

Future Career Goals:

Are you available on Tuesday/Wednesday /Thursday, 10am-3pm from 7/5 to 8/7?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MIND-BUILDERS CREATIVE ARTS CENTER**

**PARENT/GUARDIAN CONSENT**

**This page must be completed by a parent/guardian, if you’re under 18 years of age.**

**If you’re 18+ years of age, you may complete it yourself.**

I understand that (applicant’s name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ would like to be chosen as an intern for the Dr. Beverly Robinson Community Folk Culture Program. If s/he is selected, I agree to give the minor mentioned above permission to:

(1) Participate fully in activities, interviews and presentations – both onsite and offsite.

(2) Interview me and other family members in order to gather information about family cultural backgrounds and childhood memories as part of field research assignments.

(3) Partake in program fieldtrips throughout the Bronx and possibly other boroughs of New York City; ride on buses, subways and in hired vehicles.

(4) Be photographed, audio-recorded and video-recorded during the documentation of the Program and its related activities; images and/or sound may be published in print and/or online.

**MEDICAL INFORMATION**

\*Has the applicant listed above been exposed to any communicable disease during the three weeks preceding attendance (e.g., mumps, chicken pox, German measles, etc.)? Yes\_\_\_\_\_ No\_\_\_\_\_ \*Medication(s) currently taking:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*Does the applicant listed above have any conditions and/or allergies which modify activity (e.g., asthma, seizures, heart conditions, convulsions, rheumatic fever)? Yes\_\_\_\_\_ No\_\_\_\_\_\_

If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Does your child have any learning differences (e.g., ADHD, speech or hearing impairment, autism, etc.) We should know about in order to provide an optimal learning experience? Yes\_\_\_\_\_ No\_\_\_\_\_\_ If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I hereby authorize Mind-Builders’ program staff to obtain necessary emergency medical treatment for my child** with the understanding that the child’s family will be notified as soon as possible.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_**

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