



**Application Process**

Please include all of the following items in your completed packet. A complete application will include the following in **one (1) package/envelope or one (1) e-mail**. Packets that arrive piecemeal are considered only when complete:

- Completed and signed application form
- Unofficial School Transcripts
- Up to 5 examples of artwork, your portfolio or an audio/video recording of a performance if you are in the Dept. of Fine Arts, or if they are available to you.
- Completed Self-evaluation. The three reference evaluations may arrive per your reference’s sending.
- 1-2 page essay explaining your thoughts on Creative Arts in Healthcare; regarding the goals you have for this internship and the connection this internship poses to your career after university.
- Professional resume.

**Program Acceptance**

Applicants will have the opportunity to tour the program and ask any questions they have prior to acceptance. Upon unofficial acceptance of the internship and depending on the student’s choice of seeking credit for the internship, students will work with Sanford’s Academic Affairs or Volunteer Services to complete Sanford mandated onboarding requirements. They will work together to complete an agreed upon set of goals and expectations. All necessary administrative agreements must be completed before the student may begin said internship. Interns will be held to the same standards and policies as employees of Sanford Health with regard to confidentiality, HIPPA, immunizations, and departmental policies and procedures.

**Submission of Application**

I certify that all information provided in this application is complete and correct to the best of my knowledge. I understand that any false statements on this application shall be sufficient cause for rejection of my application for this internship program, or immediate discharge from the program once discovered.

I, the undersigned applicant, do, hereby authorize my former supervisors and above named references to release any and all information pertinent to this application process, including but not limited to, my qualifications and experience, quality of performance, and professional and personal conduct. I hereby extend absolute immunity to, release from all liability, discharge, exonerate, and agree not to sue Sanford Health, Sanford Arts, and/or their employees, agents, or representatives, for any action that results from the release of information by such supervisors and references as identified above.

Applicant’s signature \_\_\_\_\_ Date \_\_\_\_\_

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All completed applications must be sent in prior to the deadline noted on Page 1 of this application. It is the sole responsibility of the applicant to ensure the completed application has been received.

Please return completed application and materials to:

Jessie Park or scan and e-mail to [Jessie.Park@SanfordHealth.org](mailto:Jessie.Park@SanfordHealth.org)  
1305 W. 18<sup>th</sup> St  
Route # 6881  
Sioux Falls, SD 57104

Please direct any questions to 605.328.6071 or [Jessie.Park@SanfordHealth.org](mailto:Jessie.Park@SanfordHealth.org)

Sanford does not discriminate against any applicant to an internship position because of race, gender, religious preference, sexual orientation, disability, or age. Sanford Health complies with all laws pertaining to non-discrimination and equal opportunity employment.



## Sanford Arts Internship Application.

Please type or print clearly.

All applications are considered on a rolling deadline

Please contact Jessie Park at [Jessie.Park@SanfordHealth.org](mailto:Jessie.Park@SanfordHealth.org) or call 605.328.6071 for more information.

Name:			
Phone (Cell):		Phone (Other):	
Address:	City:	State:	Zip:
Email Address:			

### Academic Background

University/College:	Dates Attended (MM-YY) From: To:
Major(s):	Minor/Area of Emphasis:
Graduation date (anticipated):	

### Applicable Coursework

Courses listed are not limited to the following: Fine Art, Psychology, English, Theater, Music Education/ Performance, Dance performance, Child Development, Art Therapy and Expressive Therapies.

Course Title	Grade Earned
1.	
2.	
3.	
4.	
5.	
6.	
7.	

### Employment History

Please list relevant current or previous employment including, but not limited to the following: Positions relating to the Arts, Human Services, Health Care setting, etc.:

Place; Position; Supervisor	Dates worked
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1.		
2.		
3.		

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### **Professional, School and Community Involvement**

List organizations and leadership experiences you are currently or recently have been involved in:

### **References**

Please provide three (3) letters of reference in sealed and signed envelopes, including at least one from a professor. Family members or spouse should not be used for letters of recommendation.

**Reference #1:**

**Phone Number:**

**Reference #2:**

**Phone Number:**

**Reference #3:**

**Phone Number:**

Others (please list name and phone number):

### **Essay**

Please explain your thoughts, as they pertain to this internship, in Arts and Healthcare; how you would like to put those thoughts into action while at Sanford Arts and what your current aspirations are pertaining to a possible career in the Arts and/ or Arts and Healthcare.

Prompts to possibly include in your essay:

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- Major Accomplishments within your emphasis or in a health care setting
- Examples of your flexibility in the workplace
- Creativity (both within the arts and other contexts)
- Ability to adapt in a constantly changing environment
- Willingness to work with others
- Leadership experiences
- Any other information you feel is important in order for us to get the best snapshot of you!
- Self-starting behaviors/initiative

**Faculty Advisor Support**

Faculty Advisor:	Department:
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To be completed by the Faculty Advisor in addition to evaluation form (attached):

I support \_\_\_\_\_'s interest in and application to the Sanford Arts internship program.

- Student plans to pursue academic credit for this internship program.
- Student does not intend to pursue academic credit and will instead apply for this opportunity as a volunteer for service.

I can be contacted at (phone) \_\_\_\_\_ or by email \_\_\_\_\_ as a reference regarding this application.

**Additional Comments:**

Signature: \_\_\_\_\_

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