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# CULTIVATING LEADERSHIP IN DANCE INTERNSHIP PROGRAM

## Questionnaire for Companies/Artists

1.  SPRING  SUMMER  FALL  WINTER

NAME:	PHONE:		
<input type="text"/>	<input type="text"/>	-	<input type="text"/>
EMAIL:	MAILING ADDRESS:	APT/SUITE:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
WEBSITE:	CITY:	STATE:	ZIP CODE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. What date range do you need an intern(s)?

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
MM	DD		MM	DD

3. Do you currently have an intern that you want to include in the program?

YES  
 NO

4. Have you had interns before? What were the positive aspects? Were there any drawbacks?

5. Do you require that the intern have certain skill sets or experience?

6. Describe the projects that you want to give the intern. Also include length of project.

7. Where would your intern(s) work?

At my office    Location:

At my home    Location:

At the intern(s)' home

At Pentacle's office

8. Will the intern need to travel outside of NYC?

YES    Location:

NO

9. What hours would you want your intern(s) to work?

- Weekday mornings      Specific days/hours:
- Weekday evenings      Specific days/hours:
- Weekends                  Specific days/hours:

10. What sort of contact would you have with the intern(s) on a day to day basis?

- Working in the same office
- Mostly through email
- Mostly through phone
- Other

11. Describe your company's current staff, inc. positions and whether they are full/part-time.  
(ex. 1 full-time Executive Director, 1 part-time development officer, 2 part-time interns)

12. What is your current operating budget?

13. Anything else that you would like Pentacle to take into consideration for placement of your intern(s):

14. Where did you hear about tonight's session?

- Email from Pentacle's Educational Programming
- Dance/NYC
- Email from university list-serv      Please specify:
- Email newsletter                  Please specify:
- Word of mouth                      Please specify:
- Other: