



media arts conference and film festival

### Gideon Intern Application

Name \_\_\_\_\_ Birth date: \_\_\_\_\_

Address \_\_\_\_\_ (street) Home Phone: \_\_\_\_\_

\_\_\_\_\_ (city, state, zip) Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Alternate E-Mail: \_\_\_\_\_

How did you hear about Gideon? \_\_\_\_\_

What Intern Track are you applying for? (Check ONE)

\_\_\_\_\_ **Writing Track**                      \_\_\_\_\_ **Acting Track**                      \_\_\_\_\_ **Filmmaking Track**

Besides your primary track, is there another area that interests you? \_\_\_\_\_

Tell us a little about why you chose the Work Sample that you submitted. \_\_\_\_\_

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

#### Application Checklist

**Mail your completed application to:** Gideon Media Arts Conference, PO Box 5, Ridgecrest, NC 28770. **Please mark the outside of your package with "Gideon Intern Program". Deadline: February 15, 2010**

- |   |   |
|---|---|
| _____ <b>Gideon Intern Application</b>                            | _____ <b>Parent Permission/Medical Form (2 Pages)</b> |
| _____ <b>Application Fee (\$15- payable to Gideon Media Arts)</b> | _____ <b>Work Sample</b>                              |
| _____ <b>Captain Track Page (if applicable)</b>                   | _____ <b>5 Minute DVD or Essay "Get to Know Me"</b>   |

\_\_\_\_\_ **Reference Form** – This will be sent separately from your package. You should give the reference form, along with a **stamped, addressed** envelope (Gideon Media Arts Conference, Gideon Intern Program, PO Box 5, Ridgecrest, NC 28770) to the person who will be recommending you. Your referral should be an adult who is not related to you. They will then mail this form to us.



**Parent Permission/ Medical Form  
(to be filled out by Parent)**

**Name of Applicant** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parent E-Mail** \_\_\_\_\_ **Alternate E-Mail** \_\_\_\_\_

**Address:** \_\_\_\_\_ (street) **Cell Phone:** \_\_\_\_\_  
 \_\_\_\_\_ (city, state, zip)

**Parent/Guardian** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ (street) **Cell Phone:** \_\_\_\_\_  
 \_\_\_\_\_ (city, state, zip)

**Emergency Contact (other than parents):**

**Name:** \_\_\_\_\_ **Relationship to Intern** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Insurance Information:**

**Name of Insured:** \_\_\_\_\_ **Insurance Carrier:** \_\_\_\_\_

**ID#:** \_\_\_\_\_ **Group #:** \_\_\_\_\_

We post a list of our interns on the Gideon Website and create an e-mail group before the conference so the interns have a chance to get to know each other. Please check the boxes below to indicate your permission for your child's name to be posted and their e-mail shared only with the other Interns.

- Name to be posted on website
- E-mail to be shared with other interns

\_\_\_\_\_ signature



**Parent Permission/Medical Form**  
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Name of Applicant \_\_\_\_\_ Birth Date: \_\_\_\_\_

Allergies \_\_\_\_\_ Treatment: \_\_\_\_\_  
\_\_\_\_\_

Drug Allergies \_\_\_\_\_

Any other **Medical Conditions**? \_\_\_\_\_  
\_\_\_\_\_

Prescribed Medications/Reasons for use (please list all medications that your child will be taking):  
\_\_\_\_\_  
\_\_\_\_\_

**Parent Signature Required**

I \_\_\_\_\_ hereby give permission for my child \_\_\_\_\_ to participate in the Gideon Media Arts Intern Program (June 3-8, 2010). I also grant permission for the staff/faculty of the Gideon Media Arts Conference to seek and consent to medical treatment on behalf of my child. I understand that it is my responsibility to disclose all relevant medical needs/conditions and give permission for the release of medical records should treatment be required for my child. I further understand that I am responsible **for all costs** (tuition, lodging and meals) associated with my child's participation in the Intern Program.

\_\_\_\_\_ (signature) \_\_\_\_\_ (printed name)

\_\_\_\_\_ (date)



**Reference Form**

**Name of Applicant:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

Greetings!

The student above has applied for admission to an intern program associated with the Gideon Media Arts Conference and Film Festival. We would be grateful if you could answer the following questions in regards to this student and their suitability for our program.

Thank you! The Gideon Faculty

How long have you known this student? \_\_\_\_\_

What is your relationship with this student? \_\_\_\_\_

Can you tell us why you would recommend this student for the Gideon Intern Program?

Do you feel that this student has the necessary emotional and spiritual maturity to interact appropriately with professionals at the Gideon Conference? Why or why not?

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Please mail this form to us no later than **February 15, 2010** to

Gideon Media Arts Conference,  
Gideon Intern Program,  
PO Box 5,  
Ridgecrest, NC 28770.

Thank you for your help!



## Instructions for Work Sample and DVD/Essay

### Work Sample

This could include a short film you've made, a script you've written, a performance you gave, a writing sample or something else that you've produced. Any DVD's or CD's submitted should be no longer than ten minutes so be sure to edit what you send! Scripts or writing samples should be complete.

Keep in mind that nothing will be returned so don't send us your only copy!

### "Get to Know Me" DVD or Essay

#### DVD Option:

A **five minute** DVD featuring you! Be sure to keep it to just five minutes and you may be as creative as you'd like – as long as you include all of the information we've asked for.

Make sure you:

- 1) introduce yourself,
- 2) describe what area of the arts you've been working in
- 3) what you've accomplished
- 4) why you'd like to attend the Gideon.

Keep in mind that nothing will be returned so don't send us your only copy!

#### Essay Option:

You may write an essay, no longer than 750 words that covers the four items listed above.

**Please Note!** You do not need to write an essay and produce the DVD. You should simply choose the format you are most comfortable with and submit that style.



**Captain Track Application**  
(To be filled out only by those applying to the Captain Track)

Name: \_\_\_\_\_ Gideon Intern Year \_\_\_\_\_

Please tell us a little of what you have done since attending Gideon.

Please tell us why you'd like to be involved in the Advanced Captain Track for 2010.

What do you think you can offer to the new 2010 Interns?