

# Internship Application (college students only)

## Contact Information

Name	
Home Address	
City ST ZIP Code	
College Address (if applicable)	
City ST ZIP Code	
Phone	
E-Mail Address	

## College/ University Information

Name of School	
Street Address	
City ST ZIP Code	
Internship Coordinator/Advisor	
Phone	
E-Mail Address	
Graduation Date:	Major:

## Availability

Dates Available From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Days Available: Check all times and days available (approximate hours)

Time	Mon	Tues	Weds	Thur	Fri	Sat	Sun
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## Interests

Tell us in which areas you are interested and individuals you have a particular request to work with.

\_\_\_ News NAME \_\_\_\_\_

\_\_\_ Weather NAME \_\_\_\_\_

\_\_\_ Production

\_\_\_ Marketing

\_\_\_ Sales

\_\_\_ Other -Please be specific \_\_\_\_\_

\_\_\_\_\_

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**Person to Notify in Case of Emergency**

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted in the Internship Program, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I understand and agree that I must keep confidential and not disclose to anyone outside the Station any information I receive regarding the Station, its programs, news, investigations, or otherwise in the cause and course of performing my Internship. I understand that I am performing this Internship voluntarily and upon my own initiative, risk, and responsibility. I understand that the Station does not provide compensation for Internship.

Name (printed)	
Signature	
Date	

**Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in our company

**FOR STATION USE ONLY**

Interviewed By:	
Date	
ACCEPTED: Yes _____ No _____	Reporting Date:
Department Head Signature:	