



Community Media Center

Internship Program Application

Name _____

Address _____

City, State, Zip Code _____

Phone _____ Email _____

Education High School College/University School Name _____

Major _____

Student Standing during internship (Freshman, Sophomore, etc) _____

Do you have your own transportation? _____

Internship Focus Multimedia production Marketing IT Web design other

School Internship Supervisor Information:

Name _____

Phone Number _____

Email _____

Proposed Start Date: _____ Proposed End Date: _____

What is this internship for? (circle all that apply)

College Credit

Community Service Hours

Other: _____

Days Available (Give specific times):

Monday	Tuesday	Wednesday	Thursday	Friday

Specific times you are unavailable:

Weekends Available:

Experience:

Mission: To provide internships for high school and college students; to provide the intern an *enhanced, experiential learning experience* in professional audio/video production studios; to provide an opportunity for the intern to gain experience in a broadcast television station environment emphasizing the use of telecommunications, audio/video equipment and computers as tools of information, education and entertainment with the emphasis on local community.

Prospective students should be recommended by a teacher, professor or campus advisor and have some previous, entry level experience in audio/video/media production and computers.

Interns are expected to adhere to a set schedule and to be actively involved in the day to day workings of Community Media Center. Interns are also given a CMC membership for the duration of their internship and have access to equipment and to regularly scheduled workshops.

I, _____, agree to abide by the Guidelines and Procedures of Community Media Center, and to honor the terms of my internship.

_____	_____
Intern Signature	Date
_____	_____
Parent/Guardian (if under 18 years of age)	Date
_____	_____
Community Media Center Staff	Date