

WCVB-TV INTERNSHIP APPLICATION

WCVB-TV recognizes that a good internship program can add practical experience to the education a student gains in college or graduate school. Therefore, the Station has established an Internship Program in which students may work one semester and <u>earn academic credit</u>. There are a variety of internship opportunities available year-round to currently enrolled college juniors and seniors. Interns will be closely supervised and critiqued in order to maximize the learning experience. Understand that this internship is **UNPAID** and you are responsible for all personal travel and expenses. Please visit our website: www.wcvb.com/internships for more information.

Intern Coordinators: Nicole Derosiers Nicole Derosiers nderosiers@hearst.com Nancy O'Neil noneil@hearst.com 781-433-4478 781-433-4773 **PERSONAL INFORMATION** (Please type): College/University: Circle One: Graduate Student Senior Junior Sophomore (Summer upcoming Jr) Major: _____ Graduation Date: Overall GPA: Campus Address: Home Address: Phone Number:

PLEASE MAIL/E-MAIL/FAX COMPLETED APPLICATIONS TO:

Nancy O'Neil Intern Coordinator WCVB 5 TV Place Needham, MA 02494

Fax: 781-433-4752



INTERNSHIP AREAS

Internship opportunities are available in the following areas; hours may vary depending on the assignment and student schedule. Descriptions are located at:

http://www.wcvb.com/internships Please select your top 3 PREFERRED departments:

Chronicle	NEWS:
CityLine	Newsroom (12am-8am)
Creative Services	Newsroom (9am-6pm)
Human Resources	Newsroom (3:30pm-11:30pm)
Public Relations	Specials
Sales/Marketing	Sports
Sales/Research	Wknd. Newsroom (9am-6:30pm)
Technical Operations	Wknd. Newsroom (3:30-11:30pm)

Semester Internship Desired:

Fall (Deadline May 15)	Spring	(Deadline Nov. 15)		Summer *	(Deadline Mar. 15))	
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Days and hours available to work: (Please check boxes for days and list hours available to work)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours:	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:

(Minimum of 8 hours per week in the newsroom and 16 hours in other areas)

How did you hear about the internship program	at WCVB?			
Have you been referred by someone affiliated w	ith WCVB?	YES	NO	
If yes, please, please include their name and you	r relationship t	to this person _		
Internship Start Date:	Intern	ship End Date:_		
Academic Advisor:	Teleph	none:		



EDUCATIONAL BACKGROUND

List all related courses compl	eted to date, and lette	er grades from each:	
COURSE		COURSE	
			· · · · · · · · · · · · · · · · · · ·
EXTRACURRICULAR ACTIVI (Include any offices held, and		ps won)	
1.			
2.			
3.			
4.			
5.			
APPLICANT'S PROFILE			
Briefly state your main object	ives for participating	in a WCVB-TV internship. (Ple	ase be specific.)
What are your strongest area	s of interest?		



EMPLOYMENT RECORD

(Starting with the most recent position held, work backwards including full and part-time positions. Also, list any other internships that you may have done.) ** THIS SECTION MAY BE REPLACED BY A RESUME IF AVAILABLE.

Employer's Name and Address	Position Title and Duties	Dates of Employment	
1.			
2.			
3.			
4.			
Additional training or skill			
Applicant's Signature		 Date	



In accordance with Hearst, Inc. policy, eligible interns **MUST** be able to check off ALL of the following:

✓	Stı	udent status (select one):
		Sophomore (can apply for summer internship ONLY)
		Junior
		Senior (cannot graduate BEFORE internship)
		Graduate student (cannot graduate BEFORE internship)
✓	Ac	ademic Credit
		ONLY can receive DURING internship
		Academic Advisor/Dean must sign and allot number of credits provided (no minimum or
		maximum requirement)
		Academic Advisor/Dean must provide a letter confirming academic credit on document
		containing school letter head
		Official WCVB Verification form follows this page
✓	Lia	ability Insurance
		Provided by SCHOOL ONLY
		o NO individual insurance plans allowed
 ndid	ate S	



This verifies that the student listed below qualifies to participate in the WCVB-TV Internship Program and will be eligible for course credits upon successfully completing the internship:

STUDENT'S NAME:	
COLLEGE/UNIVERSITY:	
SCHOOL STATUS: GRADUATE STUDENT SENIOR JUNIORSOPHOMOR (RISING JU	E NIOR)
NUMBER OF COURSE CREDITS GRANTED:	
STUDENT ADVISOR:	
Mailing Address:	
E-Mail Address:	
Phone Number: Fax Number:	
Does the school's liability insurance cover this student while he/she is performing field stud WCVB- TV in exchange for academic credit? YES [] NO []*	ly for
* If "NO" is checked off, candidate is not eligible to participate in WCVB's intern program	l .
Advisor's Signature	
 Date	

THIS FORM MUST BE COMPLETED PRIOR TO START OF INTERNSHIP IT IS NOT REQUIRED AT THE TIME YOU SUBMIT YOUR APPLICATION